

July 2020

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# Public Four-Year Universities

Name: Dr. Dwayne Smith (2019) Dr. Corey Bradford (2020)

Institution: Harris-Stowe State University

Phone: 314-340-3335

Contact Person: Brian M. Huggins

# **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

|   | FY 20           | 019 Actual Expendi | tures            | FY 202          | 0 Estimated Exper | nditures         |
|---|-----------------|--------------------|------------------|-----------------|-------------------|------------------|
|   |                 | Private Funds      |                  |                 | Private Funds     |                  |
|   | Institutional   | (e.g. Institution  | Amount Above     | Institutional   | (e.g. Institution | Amount Above     |
|   | Operating Funds | Foundations)       | Standard Benefit | Operating Funds | Foundations)      | Standard Benefit |
| Base salary                                       | \$185,000       |                    |                  | \$290,000       |                   |                  |
| Medical/dental/vision insurance for self          |                 |                    |                  |                 |                   |                  |
| Medical/dental/vision insurance for spouse/family | \$13,578        |                    |                  | \$13,578        |                   |                  |
| Long-term disability for self                     | \$285           |                    |                  | \$285           |                   |                  |
| Deferred compensation                             |                 |                    |                  |                 |                   |                  |
| Retirement benefit                                | \$40,275        |                    |                  | \$66,352        |                   |                  |
| Other (please specify)                            |                 |                    |                  |                 |                   |                  |
| Basic Life Insurance                              | \$195           |                    |                  | \$195           |                   |                  |
| A D and D Insurance                               | \$19            |                    |                  | \$19            |                   |                  |
| Additional life insurance                         | Value           |                    |                  |                 |                   |                  |
| Annuity   | Value           |                    |                  |                 |                   |                  |
| TOTAL   | \$239,352       | \$0                | \$0              | \$370,429       | \$0               | \$0              |

# Other Compensation:

All items should be annual dollar amounts. For benefits included in the compensation package which provide a value to the president/chancellor and are not easily identified in operating spending (i.e., housing provided on campus), please indicate in the specified column an estimate of the value of the compensation (in the example of housing, this would be the estimated market rent for the property).

|   | FY 20                            | 019 Actual Expendi                                   | tures   | FY 202                           | 0 Estimated Expen                                    | ditures  |
|---|----------------------------------|--|---|----------------------------------|--|--|
|   | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value of Compensation (not reflected in budget) | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value<br>of Compensation<br>(not reflected in<br>budget) |
| Housing   | \$12,000                         |  |   | \$48,000                         |  |  |
| Utilities   |                                  |  |   |                                  |  |  |
| Housing allowance (provided for private rent/lease/purchase)          |                                  |  |   |                                  |  |  |
| Housekeeper   |                                  |  |   |                                  |  |  |
| Custodian, groundskeeper  |                                  |  |   |                                  |  |  |
| Insurance for personal property                                       |                                  |  |   |                                  |  |  |
| Entertainment   |                                  |  |   |                                  |  |  |
| Automobile Automobile allowance (provided for private lease/purchase) |                                  |  |   |                                  |  |  |
| Automobile repair/maintenance/mileage                                 |                                  |  |   |                                  |  |  |
| Professional development  |                                  |  |   |                                  |  |  |
| Expense for spouse/family to attend meetings                          |                                  |  |   |                                  |  |  |
| Club/other memberships  |                                  |  |   |                                  |  |  |
| Other (please specify)  |                                  |  |   |                                  |  |  |
| Annuity   | \$0                              |  |   | \$36,000                         |  |  |
|   |                                  |  |   |                                  |  |  |
| TOTAL   | \$12,000                         | \$0  | \$0   | \$84,000                         | \$0  | \$0  |

1

| Name:           | Dr. Jerald Jones Woolfolk |
|-----------------|---------------------------|
| Institution:    | Lincoln University        |
| Phone:          | 573-681-5020              |
| Contact Person: | Stephen Mincke            |

# **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

|   | FY 20           | )19 Actual Expendi | tures            | FY 202          | 0 Estimated Exper | ditures          |
|---|-----------------|--------------------|------------------|-----------------|-------------------|------------------|
|   |                 | Private Funds      |                  |                 | Private Funds     |                  |
|   | Institutional   | (e.g. Institution  | Amount Above     | Institutional   | (e.g. Institution | Amount Above     |
|   | Operating Funds | Foundations)       | Standard Benefit | Operating Funds | Foundations)      | Standard Benefit |
| Base salary                                       | \$240,000       |                    |                  | \$234,000       |                   |                  |
| Medical/dental/vision insurance for self          | \$8,028         |                    |                  | \$8,028         |                   |                  |
| Medical/dental/vision insurance for spouse/family |                 |                    |                  |                 |                   |                  |
| Long-term disability for self                     | \$1,320         |                    |                  | \$1,320         |                   |                  |
| Deferred compensation                             |                 |                    |                  |                 |                   |                  |
| Retirement benefit                                | \$48,504        |                    |                  | \$48,504        |                   |                  |
| Other (please specify) Basic Life                 | \$1,032         |                    |                  | \$1,032         |                   |                  |
|   |                 |                    |                  |                 |                   |                  |
| Additional life insurance                         | Value           |                    |                  |                 |                   |                  |
| Annuity   | \$20,000        |                    |                  |                 |                   |                  |
| TOTAL   | \$298,884       | \$0                | \$0              | \$292,884       | \$0               | \$0              |

# Other Compensation:

|   | FY 20                         | 019 Actual Expendi                                   | tures   | FY 2020 Estimated Expenditures   |  |   |
|---|-------------------------------|--|---|----------------------------------|--|---|
|   | Institutional Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value of Compensation (not reflected in budget) | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value of Compensation (not reflected in budget) |
| Housing   | \$18,960                      |  |   | \$20,000                         |  |   |
| Utilities   | \$400                         |  |   | \$400                            |  |   |
| Housing allowance (provided for private rent/lease/purchase)          |                               |  |   |                                  |  |   |
| Housekeeper   |                               |  |   |                                  |  |   |
| Custodian, groundskeeper  |                               |  |   |                                  |  |   |
| Insurance for personal property                                       |                               |  |   |                                  |  |   |
| Entertainment   |                               |  |   |                                  |  |   |
| Automobile Automobile allowance (provided for private lease/purchase) | \$6,600                       |  |   | \$6,600                          |  |   |
| Automobile repair/maintenance/mileage                                 |                               |  |   |                                  |  |   |
| Professional development  |                               |  |   |                                  |  |   |
| Expense for spouse/family to attend meetings                          |                               |  |   |                                  |  |   |
| Club/other memberships  |                               |  |   |                                  |  |   |
| Other (please specify)  |                               |  |   |                                  |  |   |
|   |                               |  |   |                                  |  |   |
| TOTAL   | \$25,960                      | \$0  | \$0   | \$27,000                         | \$0  | \$(   |

Name: Dr. Alan Marble

Institution: Missouri Southern State University

Phone: 417-625-9805

Contact Person: Evan Jewsbury, Chief Human Resources Officer

# **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

|   | FY 20           | )19 Actual Expendi                 | tures            | FY 202        | 0 Estimated Expen                  | ditures          |
|---|-----------------|------------------------------------|------------------|---------------|------------------------------------|------------------|
|   | Institutional   | Private Funds<br>(e.g. Institution | Amount Above     | Institutional | Private Funds<br>(e.g. Institution | Amount Above     |
|   | Operating Funds | Foundations)                       | Standard Benefit |               | Foundations)                       | Standard Benefit |
| Base salary                                       | \$192,945       |                                    |                  | \$195,125     |                                    |                  |
| Medical/dental/vision insurance for self          | \$7,157         |                                    |                  | \$7,453       |                                    |                  |
| Medical/dental/vision insurance for spouse/family | \$0             |                                    |                  | \$0           |                                    |                  |
| Long-term disability for self                     | \$261           |                                    |                  | \$284         |                                    |                  |
| Deferred compensation                             | \$48,000        |                                    | \$48,000         | \$48,000      |                                    | \$48,000         |
| Retirement benefit                                | \$48,561        |                                    |                  | \$54,801      |                                    |                  |
| Other (please specify)                            |                 |                                    |                  |               |                                    |                  |
| Basic Life and ADD                                | \$386           |                                    |                  | \$228         |                                    |                  |
| GGOE Disbursement                                 | \$1,062         |                                    |                  | \$570         |                                    |                  |
| Additional life insurance                         | Value           |                                    |                  |               |                                    |                  |
| Annuity   | Value           |                                    |                  |               |                                    |                  |
| TOTAL   | \$298,372       | \$0                                | \$48,000         | \$306,461     | \$0                                | \$48,000         |

# Other Compensation:

|  | FY 2                             | 019 Actual Expendi                                   | tures  | FY 202                           | 0 Estimated Expen                                    | ditures  |
|--|----------------------------------|--|--|----------------------------------|--|--|
|  | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value<br>of Compensation<br>(not reflected in<br>budget) | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value<br>of Compensation<br>(not reflected in<br>budget) |
| Housing  |                                  |  |  |                                  |  |  |
| Utilities Housing allowance (provided for private          |                                  |  |  |                                  |  |  |
| rent/lease/purchase)                                       |                                  |  |  |                                  |  |  |
| Housekeeper  |                                  |  |  |                                  |  |  |
| Custodian, groundskeeper                                   |                                  |  |  |                                  |  |  |
| Insurance for personal property                            |                                  |  |  |                                  |  |  |
| Entertainment  |                                  |  |  |                                  |  |  |
| Automobile   |                                  |  |  |                                  |  |  |
| Automobile allowance (provided for private lease/purchase) |                                  |  |  | \$8,600                          |  |  |
| Automobile repair/maintenance/mileage                      |                                  |  |  |                                  |  |  |
| Professional development                                   |                                  |  |  |                                  |  |  |
| Expense for spouse/family to attend meetings               |                                  |  |  |                                  |  |  |
| Club/other memberships                                     |                                  |  |  |                                  |  |  |
| Other (please specify)                                     |                                  |  |  |                                  |  |  |
|  |                                  |  |  |                                  |  |  |
|  |                                  |  |  |                                  |  |  |
| TOTAL  | \$0                              | \$0  | \$0  | \$8,600                          | \$0  | \$0  |

Name: Clif Smart

Institution: Missouri State University
Phone: 417-836-3002

Contact Person: Kristin Bilyeu

# **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

|   | FY 20           | )19 Actual Expendi | tures            | FY 202          | 0 Estimated Exper | nditures         |
|---|-----------------|--------------------|------------------|-----------------|-------------------|------------------|
|   |                 | Private Funds      |                  |                 | Private Funds     |                  |
|   | Institutional   | (e.g. Institution  | Amount Above     | Institutional   | (e.g. Institution | Amount Above     |
|   | Operating Funds | Foundations)       | Standard Benefit | Operating Funds | Foundations)      | Standard Benefit |
| Base salary                                       | \$336,956       |                    |                  | \$351,800       |                   |                  |
| Medical/dental/vision insurance for self          |                 |                    |                  |                 |                   |                  |
| Medical/dental/vision insurance for spouse/family | \$5,002         |                    |                  | \$4,400         |                   |                  |
| Long-term disability for self                     |                 | _                  |                  |                 |                   |                  |
| Deferred compensation                             |                 |                    |                  |                 |                   |                  |
| Retirement benefit                                |                 |                    |                  |                 |                   |                  |
| Other (please specify)                            |                 |                    |                  |                 |                   |                  |
|   |                 |                    |                  |                 |                   |                  |
|   |                 |                    |                  |                 |                   |                  |
| Additional life insurance                         | Value           |                    |                  |                 |                   |                  |
| Amaziki   | Value           |                    |                  |                 |                   |                  |
| Annuity   | Value           |                    |                  |                 |                   |                  |
|   |                 |                    |                  |                 |                   |                  |
| TOTAL   | \$341,958       | \$0                | \$0              | \$356,200       | \$0               | \$0              |

# Other Compensation:

|  | FY 20                            | 019 Actual Expendi                                   | tures   | FY 2020 Estimated Expenditures   |  |  |
|--|----------------------------------|--|---|----------------------------------|--|--|
|  | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value of Compensation (not reflected in budget) | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value<br>of Compensation<br>(not reflected in<br>budget) |
| Housing  | \$40,000                         |  |   | \$40,000                         |  |  |
| Utilities Housing allowance (provided for private rent/lease/purchase) |                                  |  |   |                                  |  |  |
| Housekeeper  |                                  |  |   |                                  |  |  |
| Custodian, groundskeeper   |                                  |  |   |                                  |  |  |
| Insurance for personal property  |                                  |  |   |                                  |  |  |
| Entertainment  |                                  |  |   |                                  |  |  |
| Automobile Automobile allowance (provided for private lease/purchase)  |                                  |  |   |                                  |  |  |
| Automobile repair/maintenance/mileage                                  |                                  |  |   |                                  |  |  |
| Professional development   |                                  |  |   |                                  |  |  |
| Expense for spouse/family to attend meetings                           |                                  |  |   |                                  |  |  |
| Club/other memberships   | \$1,154                          | \$5,820  |   | \$950                            | \$5,820  |  |
| Other (please specify)   |                                  |  |   |                                  |  |  |
| TOTAL  | \$41,154                         | \$5,820  | \$0   | \$40,950                         | \$5,820  | \$0  |

Name: Shirley Lawler, Chancellor

Institution: Missouri State University - West Plains

Phone: 417-836-3002

Contact Person: Kristin Bilyeu

# **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

|   | FY 20           | )19 Actual Expendi | tures            | FY 202          | 0 Estimated Exper | nditures         |
|---|-----------------|--------------------|------------------|-----------------|-------------------|------------------|
|   |                 | Private Funds      |                  |                 | Private Funds     |                  |
|   | Institutional   | (e.g. Institution  | Amount Above     | Institutional   | (e.g. Institution | Amount Above     |
|   | Operating Funds | Foundations)       | Standard Benefit | Operating Funds | Foundations)      | Standard Benefit |
| Base salary                                       | \$163,110       |                    |                  | \$164,551       |                   |                  |
| Medical/dental/vision insurance for self          |                 |                    |                  |                 |                   |                  |
| Medical/dental/vision insurance for spouse/family |                 |                    |                  |                 |                   |                  |
| Long-term disability for self                     |                 |                    |                  |                 |                   |                  |
| Deferred compensation                             |                 |                    |                  |                 |                   |                  |
| Retirement benefit                                |                 |                    |                  |                 |                   |                  |
| Other (please specify)                            |                 |                    |                  |                 |                   |                  |
|   |                 |                    |                  |                 |                   |                  |
|   |                 |                    |                  |                 |                   |                  |
| Additional life insurance                         | Value           |                    |                  |                 |                   |                  |
|   |                 |                    |                  |                 |                   |                  |
| Annuity   | Value           |                    |                  |                 |                   |                  |
|   |                 |                    |                  |                 |                   |                  |
| TOTAL   | \$163,110       | \$0                | \$0              | \$164,551       | \$0               | \$0              |

# Other Compensation:

|  | FY 2                             | 019 Actual Expendi                                   | tures  | FY 2020 Estimated Expenditures   |  |  |
|--|----------------------------------|--|--|----------------------------------|--|--|
|  | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value<br>of Compensation<br>(not reflected in<br>budget) | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value<br>of Compensation<br>(not reflected in<br>budget) |
| Housing  | \$7,321                          |  | \$4,038  | \$5,020                          |  | \$2,412  |
| Utilities Housing allowance (provided for private rent/lease/purchase) | \$3,086                          |  |  | \$2,547                          |  |  |
| Housekeeper  | \$1,140                          |  |  | \$1,200                          |  |  |
| Custodian, groundskeeper   | \$5,905                          |  |  | \$5,984                          |  |  |
| Insurance for personal property  |                                  |  |  |                                  |  |  |
| Entertainment  |                                  |  |  |                                  |  |  |
| Automobile Automobile allowance (provided for private lease/purchase)  |                                  |  |  |                                  |  |  |
| Automobile repair/maintenance/mileage                                  |                                  |  |  |                                  |  |  |
| Professional development   |                                  |  |  |                                  |  |  |
| Expense for spouse/family to attend meetings                           |                                  |  |  |                                  |  |  |
| Club/other memberships   | \$1,370                          |  |  | \$1,750                          |  |  |
| Other (please specify)   |                                  |  |  |                                  |  |  |
| TOTAL  | \$18,822                         | \$0  | \$4,038  | \$16,501                         | \$0  | \$2,412  |

Name: Robert Vartabedian (FY19 Actual) -- Matthew Wilson (FY20 Estimated)

Institution: Missouri Western State University

Phone: 816-271-4287

Contact Person: Sara Freemyer, Director of Human Resources

### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

|   | FY 20                | 019 Actual Expendi                 | tures            | FY 202               | 0 Estimated Exper               | nditures         |
|---|----------------------|------------------------------------|------------------|----------------------|---------------------------------|------------------|
|   | Institutional        | Private Funds<br>(e.g. Institution | Amount Above     | Institutional        | Private Funds (e.g. Institution | Amount Above     |
| Dece calary   | Operating Funds      | Foundations)                       | Standard Benefit | Operating Funds      | Foundations)                    | Standard Benefit |
| Base salary  Medical/dental/vision insurance for self | \$260,705<br>\$6,699 |                                    |                  | \$290,000<br>\$7,958 |                                 |                  |
| Medical/dental/vision insurance for spouse/family     |                      |                                    |                  | \$16,717             |                                 |                  |
| Long-term disability for self                         | \$319                |                                    |                  | \$319                |                                 |                  |
| Deferred compensation                                 |                      |                                    |                  |                      |                                 |                  |
| Retirement benefit                                    | \$56,094             |                                    |                  | \$19,830             |                                 |                  |
| Other (please specify) Basic Life Insurance           | \$831                |                                    |                  | \$960                |                                 |                  |
| Other (please specify) Annunity                       | \$24,500             |                                    |                  | \$24,500             |                                 |                  |
|   |                      |                                    |                  |                      |                                 |                  |
| Additional life insurance                             | Value                |                                    |                  |                      |                                 |                  |
|   | \$522,000            |                                    |                  |                      |                                 |                  |
| Annuity   | Value                |                                    |                  |                      |                                 |                  |
|   | \$24,500             |                                    |                  |                      |                                 |                  |
|   |                      |                                    |                  |                      |                                 |                  |
| TOTAL   | \$349,148            | \$0                                | \$0              | \$360,284            | \$0                             | \$0              |

# Other Compensation:

|  | FY 20                            | 019 Actual Expendi                                   | tures  | FY 2020 Estimated Expenditures   |  |  |
|--|----------------------------------|--|--|----------------------------------|--|--|
|  | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value<br>of Compensation<br>(not reflected in<br>budget) | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value<br>of Compensatior<br>(not reflected in<br>budget) |
| Housing  | \$28,000                         |  |  | \$28,000                         |  |  |
| Utilities  |                                  |  |  |                                  |  |  |
| Housing allowance (provided for private rent/lease/purchase) |                                  |  |  |                                  |  |  |
| Housekeeper  |                                  |  |  |                                  |  |  |
| Custodian, groundskeeper                                     |                                  |  |  |                                  |  |  |
| Insurance for personal property                              |                                  |  |  |                                  |  |  |
| Entertainment  |                                  |  |  |                                  |  |  |
| Automobile   | \$12,500                         |  |  | \$12,500                         |  |  |
| Automobile allowance (provided for private lease/purchase)   |                                  |  |  |                                  |  |  |
| Automobile repair/maintenance/mileage                        |                                  |  |  |                                  |  |  |
| Professional development                                     |                                  |  |  |                                  |  |  |
| Expense for spouse/family to attend meetings                 |                                  |  |  |                                  |  |  |
| Club/other memberships                                       | \$2,940                          |  |  | \$2,667                          |  |  |
| Other (please specify)                                       |                                  |  |  |                                  |  |  |
|  |                                  |  |  |                                  |  |  |
|  |                                  |  |  |                                  |  |  |
| TOTAL  | \$43,440                         | \$0  | \$0  | \$43,167                         | \$0  | \$(  |

Name: Dr. John Jasinski

Institution: Northwest Missouri State University

Phone: 660-562-1129
Contact Person: Brooke Hull

# **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

|   | FY 20           | 019 Actual Expendi                 | tures            | FY 202          | 0 Estimated Expen                  | ditures          |
|---|-----------------|------------------------------------|------------------|-----------------|------------------------------------|------------------|
|   | Institutional   | Private Funds<br>(e.g. Institution | Amount Above     | Institutional   | Private Funds<br>(e.g. Institution | Amount Above     |
|   | Operating Funds | Foundations)                       | Standard Benefit | Operating Funds | Foundations)                       | Standard Benefit |
| Base salary   | \$281,304       |                                    |                  | \$296,820       |                                    |                  |
| Medical/dental/vision insurance for self                  | \$8,708         |                                    |                  | \$9,085         |                                    |                  |
| Medical/dental/vision insurance for spouse/family         | \$18,565        |                                    |                  | \$19,359        |                                    |                  |
| Long-term disability for self                             | \$332           |                                    |                  | \$332           |                                    |                  |
| Deferred compensation                                     | \$20,000        |                                    |                  | \$20,000        |                                    |                  |
| Retirement benefit  | \$64,289        |                                    |                  | \$72,625        |                                    |                  |
| Other (please specify) Basic Life Insurance (1x annual sa | \$578           |                                    |                  | \$578           |                                    |                  |
|   |                 |                                    |                  |                 |                                    |                  |
| Additional life insurance                                 | \$275,000       |                                    |                  |                 |                                    |                  |
| Annuity   | \$20,000        |                                    |                  |                 |                                    |                  |
| TOTAL   | \$393,776       | \$0                                | \$0              | \$418,799       | \$0                                | \$0              |

# Other Compensation:

|   | FY 2                          | 019 Actual Expendi                                   | tures   | FY 202                           | 0 Estimated Expen                                    | ditures   |
|---|-------------------------------|--|---|----------------------------------|--|---|
|   | Institutional Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value of Compensation (not reflected in budget) | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value of Compensation (not reflected in budget) |
| Housing   |                               |  | \$9,000   |                                  |  | \$9,000   |
| Utilities   |                               |  |   |                                  |  |   |
| Housing allowance (provided for private rent/lease/purchase)          |                               |  |   |                                  |  |   |
| Housekeeper   |                               |  |   |                                  |  |   |
| Custodian, groundskeeper  |                               |  |   |                                  |  |   |
| Insurance for personal property                                       |                               |  |   |                                  |  |   |
| Entertainment   |                               |  |   |                                  |  |   |
| Automobile Automobile allowance (provided for private lease/purchase) |                               |  | \$16,800  |                                  |  | \$16,800  |
| Automobile repair/maintenance/mileage                                 |                               |  |   |                                  |  |   |
| Professional development  |                               |  |   |                                  |  |   |
| Expense for spouse/family to attend meetings                          |                               |  |   |                                  |  |   |
| Club/other memberships  |                               |  | \$1,500   |                                  |  | \$1,500   |
| Other (please specify)  |                               |  |   |                                  |  |   |
|   |                               |  |   |                                  |  |   |
| TOTAL   | \$0                           | \$0  | \$27,300  | \$0                              | \$0  | \$27,300  |

Name: Carlos Vargas-Aburto

Institution: Southeast Missouri State University

Phone: Melissia Coffee

Contact Person: <u>(573)</u> 986-6192

# **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

|   | FY 20           | )19 Actual Expendi | tures            | FY 202          | 0 Estimated Expen | ditures          |
|---|-----------------|--------------------|------------------|-----------------|-------------------|------------------|
|   |                 | Private Funds      |                  |                 | Private Funds     |                  |
|   | Institutional   | (e.g. Institution  | Amount Above     | Institutional   | (e.g. Institution | Amount Above     |
|   | Operating Funds | Foundations)       | Standard Benefit | Operating Funds | Foundations)      | Standard Benefit |
| Base salary                                       | \$278,000       |                    |                  | \$280,780       |                   |                  |
| Medical/dental/vision insurance for self          |                 |                    |                  |                 |                   |                  |
| Medical/dental/vision insurance for spouse/family |                 |                    |                  |                 |                   |                  |
| Long-term disability for self                     |                 |                    |                  |                 |                   |                  |
| Deferred compensation                             |                 |                    |                  |                 |                   |                  |
| Retirement benefit                                |                 |                    |                  |                 |                   |                  |
| Other (please specify)                            |                 |                    |                  |                 |                   |                  |
|   |                 |                    |                  |                 |                   |                  |
|   |                 |                    |                  |                 |                   |                  |
| Additional life insurance                         | Value           |                    |                  |                 |                   |                  |
|   |                 |                    |                  |                 |                   |                  |
| Annuity   | Value           |                    |                  |                 |                   |                  |
|   | \$30,000        |                    |                  |                 |                   |                  |
|   |                 |                    |                  |                 |                   |                  |
| TOTAL   | \$278,000       | \$0                | \$0              | \$280,780       | \$0               | \$0              |

# Other Compensation:

|   | FY 20                         | 019 Actual Expendi                                   | tures  | FY 2020 Estimated Expenditures   |  |  |
|---|-------------------------------|--|--|----------------------------------|--|--|
|   | Institutional Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value<br>of Compensation<br>(not reflected in<br>budget) | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value<br>of Compensatior<br>(not reflected in<br>budget) |
| Housing   | \$30,000                      |  |  | \$30,000                         |  |  |
| Utilities   | \$5,487                       |  |  | \$6,100                          |  |  |
| Housing allowance (provided for private rent/lease/purchase)          |                               |  |  |                                  |  |  |
| Housekeeper   |                               |  |  |                                  |  |  |
| Custodian, groundskeeper  |                               |  |  |                                  |  |  |
| Insurance for personal property                                       |                               |  |  |                                  |  |  |
| Entertainment   |                               |  |  |                                  |  |  |
| Automobile Automobile allowance (provided for private lease/purchase) | \$7,074                       |  |  | \$7,074                          |  |  |
| Automobile repair/maintenance/mileage                                 | \$756                         |  |  | \$1,000                          |  |  |
| Professional development  |                               |  |  |                                  |  |  |
| Expense for spouse/family to attend meetings                          |                               |  |  |                                  |  |  |
| Club/other memberships  |                               |  |  |                                  |  |  |
| Other (please specify)  |                               |  |  |                                  |  |  |
| Automobile Insurance  | \$1,168                       |  |  | \$1,200                          |  |  |
| TOTAL   | \$44,485                      | \$0  | \$0  | \$45,374                         | \$0  | \$(  |

Name: <u>Dr. Susan Thomas, President</u>

Institution: Truman State University

Phone: <u>(660)</u> 785-7607

Contact Person: Arletta Nelson, Assistant to the Vice President for Administration, Finance

# **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

|   | FY 20                         | 019 Actual Expendi             | tures                            | FY 202                        | 0 Estimated Exper              | nditures                      |
|---|-------------------------------|--------------------------------|----------------------------------|-------------------------------|--------------------------------|-------------------------------|
|   |                               | Private Funds                  | _                                |                               | Private Funds                  |                               |
|   | Institutional Operating Funds | (e.g. Institution Foundations) | Amount Above<br>Standard Benefit | Institutional Operating Funds | (e.g. Institution Foundations) | Amount Above Standard Benefit |
| Base salary                                       | \$268,400                     | ,                              | Standard Benefit                 | \$268,775                     | Í                              | Standard Benefit              |
| Medical/dental/vision insurance for self          | \$6,985                       |                                |                                  | \$7,684                       |                                |                               |
| Medical/dental/vision insurance for spouse/family | \$4,194                       |                                |                                  | \$3,674                       |                                |                               |
| Long-term disability for self                     | \$202                         |                                |                                  | \$194                         |                                |                               |
| Deferred compensation                             |                               |                                |                                  |                               |                                |                               |
| Retirement benefit                                | \$54,122                      |                                |                                  | \$58,382                      |                                |                               |
| Other (please specify)                            |                               |                                |                                  |                               |                                |                               |
| AD&D  | \$35                          |                                |                                  | \$34                          |                                |                               |
| Life Insurance                                    | \$130                         |                                |                                  | \$127                         |                                |                               |
| FICA/Medicare                                     | \$12,118                      |                                |                                  | \$12,131                      |                                |                               |
| Additional life insurance                         | Value                         |                                |                                  |                               |                                |                               |
| <b>.</b>  |                               |                                |                                  |                               |                                |                               |
| Annuity   | Value                         |                                |                                  |                               |                                |                               |
|   |                               |                                |                                  |                               |                                |                               |
| TOTAL   | \$346,186                     | \$0                            | \$0                              | \$351,001                     | \$0                            | \$0                           |

# Other Compensation:

|  | FY 2                             | 019 Actual Expendi                                   | tures  | FY 2020 Estimated Expenditures   |  |  |
|--|----------------------------------|--|--|----------------------------------|--|--|
|  | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value<br>of Compensation<br>(not reflected in<br>budget) | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value<br>of Compensation<br>(not reflected in<br>budget) |
| Housing  |                                  |  |  |                                  |  |  |
| Utilities  | \$9,457                          |  |  | \$8,427                          |  |  |
| Housing allowance (provided for private rent/lease/purchase) |                                  |  |  |                                  |  |  |
| Housekeeper  |                                  |  |  |                                  |  |  |
| Custodian, groundskeeper                                     | \$3,190                          |  |  | \$2,400                          |  |  |
| Insurance for personal property                              | \$259                            |  |  | \$258                            |  |  |
| Entertainment  |                                  |  |  |                                  |  |  |
| Automobile   | \$2,770                          |  |  | \$2,666                          |  |  |
| Automobile allowance (provided for private lease/purchase)   |                                  |  |  |                                  |  |  |
| Automobile repair/maintenance/mileage                        | \$1,619                          |  |  | \$1,872                          |  |  |
| Professional development                                     |                                  |  |  |                                  |  |  |
| Expense for spouse/family to attend meetings                 |                                  |  |  |                                  |  |  |
| Club/other memberships                                       |                                  |  |  |                                  |  |  |
| Other (please specify)                                       |                                  |  |  |                                  |  |  |
|  |                                  |  |  |                                  |  |  |
|  |                                  |  |  |                                  |  |  |
| TOTAL  | \$17,295                         | \$0  | \$0  | \$15,623                         | \$0  | \$(  |

Name: Dr. Roger Best
Institution: University of Central Missouri

Phone: 660-543-4406

Contact Person: Lisa Miller

# **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

|   | FY 20           | )19 Actual Expendi | tures            | FY 202          | 0 Estimated Exper | ditures          |
|---|-----------------|--------------------|------------------|-----------------|-------------------|------------------|
|   |                 | Private Funds      |                  |                 | Private Funds     |                  |
|   | Institutional   | (e.g. Institution  | Amount Above     | Institutional   | (e.g. Institution | Amount Above     |
|   | Operating Funds | Foundations)       | Standard Benefit | Operating Funds | Foundations)      | Standard Benefit |
| Base salary                                       | \$290,000       |                    |                  | \$290,000       |                   |                  |
| Medical/dental/vision insurance for self          | \$9,229         |                    |                  | \$9,229         |                   |                  |
| Medical/dental/vision insurance for spouse/family | \$2,846         |                    |                  | \$2,846         |                   |                  |
| Long-term disability for self                     | \$450           |                    |                  | \$424           |                   |                  |
| Deferred compensation                             |                 |                    |                  |                 |                   |                  |
| Retirement benefit                                | \$52,427        |                    |                  | \$68,110        |                   |                  |
| Other (please specify)                            |                 |                    |                  |                 |                   |                  |
| Car Allowance                                     | \$12,000        |                    |                  | \$12,000        |                   |                  |
|   |                 |                    |                  |                 |                   |                  |
| Additional life insurance                         | Value           |                    |                  |                 |                   |                  |
|   |                 |                    |                  |                 |                   |                  |
| Annuity   | Value           |                    |                  |                 |                   |                  |
|   |                 |                    |                  |                 |                   |                  |
| TOTAL   | \$366,952       | \$0                | \$0              | \$382,609       | \$0               | \$0              |

# Other Compensation:

|  | FY 2                             | 019 Actual Expendi                                   | tures   | FY 202                           | 0 Estimated Exper                                    | ditures  |
|--|----------------------------------|--|---|----------------------------------|--|--|
|  | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value of Compensation (not reflected in budget) | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value<br>of Compensation<br>(not reflected in<br>budget) |
| Housing  |                                  |  |   |                                  |  |  |
| Utilities  |                                  |  |   |                                  |  |  |
| Housing allowance (provided for private rent/lease/purchase) |                                  |  |   |                                  |  |  |
| Housekeeper  |                                  |  |   |                                  |  |  |
| Custodian, groundskeeper                                     |                                  |  |   |                                  |  |  |
| Insurance for personal property                              |                                  |  |   |                                  |  |  |
| Entertainment  |                                  |  |   |                                  | \$756  |  |
| Automobile   |                                  |  |   |                                  |  |  |
| Automobile allowance (provided for private lease/purchase)   |                                  |  |   |                                  |  |  |
| Automobile repair/maintenance/mileage                        |                                  |  |   |                                  |  |  |
| Professional development                                     | \$4,535                          |  |   | \$4,602                          |  |  |
| Expense for spouse/family to attend meetings                 |                                  |  |   |                                  |  |  |
| Club/other memberships                                       | \$527                            |  |   | \$646                            |  |  |
| Other (please specify)                                       |                                  |  |   |                                  |  |  |
|  |                                  |  |   |                                  |  |  |
|  |                                  |  |   |                                  |  |  |
| TOTAL  | \$5,062                          | \$0  | \$0   | \$5,248                          | \$756  | \$(  |

Mun Choi - President (3/1/2017 - present);

Name: University of Missouri-Columbia interim Chancellor (4/14/2020 - present) EMPLID: 10285408

Institution: University of Missouri System

Phone: 573-884-2021

Contact Person: Debora Hulett, Lead Compensation Consultant

### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

|   | FY 2019 Actual Expenditures<br>7/1/2018 - 6/30/2019 |  |                                  | FY 2020 Estimated Expenditures 7/1/2019 - 6/30/2020 |  |                                  |
|---|---|--|----------------------------------|---|--|----------------------------------|
|   | Institutional Operating Funds                       | Private Funds (e.g.<br>Institution<br>Foundations) | Amount Above<br>Standard Benefit | Institutional Operating Funds                       | Private Funds (e.g.<br>Institution<br>Foundations) | Amount Above<br>Standard Benefit |
| Base salary                                       | \$530,000   |  |                                  | \$538,480   |  |                                  |
| Medical/dental/vision insurance for self          | \$5,355   |  |                                  | \$5,997   |  |                                  |
| Medical/dental/vision insurance for spouse/family | \$9,106   |  |                                  | \$11,002  |  |                                  |
| Long-term disability for self                     | \$257   |  |                                  | \$230   |  |                                  |
| Deferred compensation                             | \$50,000  |  | \$50,000                         | \$50,000  |  | \$50,000                         |
| Retirement benefit <sup>1</sup>                   | \$52,413  |  |                                  | \$55,853  |  |                                  |
| Other (please specify)                            |   |  |                                  |   |  |                                  |
| - ER Paid Life Insurance                          | \$612   |  |                                  | \$534   |  |                                  |
| - Retiree Health & Welfare                        | \$8,268   |  |                                  | \$7,377   |  |                                  |
| Additional life insurance                         | Value   |  |                                  |   |  |                                  |
| Annuity   | Value   |  |                                  |   |  |                                  |
| TOTAL   | \$656,011   | \$0  | \$50,000                         | \$669,473   | \$0  | \$50,000                         |

<sup>&</sup>lt;sup>1</sup> Note regarding change in methdology: in prior years, the Retirement Benefit (row 18) consisted of contributions made only to the defined benefit plan and retiree health & welfare. Any contributions that were made to the 401(a) Defined Contribution Plan were reported under Other Compensation below (row 49). The new methodology more logically reports the contributions that were made to both the defined benefit and defined contribution as part of the Core Retirement Plan (row 18). Retiree Health & Welfare has been moved to Other Direct Compensation (row 21), and only payments made to the 401(a) that are outside of the core retirement plan are repoted in row

### Other Compensation:

|  |                                  | FY 2019 Actual Expenditures<br>7/1/2018 - 6/30/2019  |  |                     | FY 2020 Estimated Expenditures<br>7/1/2019 - 6/30/2020 |  |  |
|--|----------------------------------|--|--|---------------------|--|--|--|
|  | Institutional<br>Operating Funds | Private Funds (e.g.<br>Institutional<br>Foundations) | Estimated Value of<br>Compensation (not<br>reflected in<br>budget) |                     | Private Funds (e.g.<br>Institutional<br>Foundations)   | Estimated Value<br>of Compensation<br>(not reflected in<br>budget) |  |
| Housing  | university provided              |  |  | university provided |  |  |  |
| Utilities Housing allowance (provided for private rent/lease/purchase) |                                  |  |  |                     |  |  |  |
| Housekeeper  |                                  |  |  |                     |  |  |  |
| Custodian, groundskeeper   |                                  |  |  |                     |  |  |  |
| Insurance for personal property  |                                  |  |  |                     |  |  |  |
| Entertainment  |                                  |  |  |                     |  |  |  |
| Automobile   |                                  |  |  |                     |  |  |  |
| Automobile allowance (provided for private lease/purchase)             | \$17,867                         |  |  | \$17,876            |  |  |  |
| Automobile repair/maintenance/mileage                                  |                                  |  |  |                     |  |  |  |
| Professional development   |                                  |  |  |                     |  |  |  |
| Expense for spouse/family to attend meetings                           |                                  |  |  |                     |  |  |  |
| Club/other memberships   |                                  |  |  |                     |  |  |  |
| Other (please specify)   |                                  |  |  |                     |  |  |  |
| - ER Contribution to 401(a)  | \$41,250                         |  |  | \$42,000            |  |  |  |
|  |                                  |  |  |                     |  |  |  |
| TOTAL  | \$59,117                         | \$0  | \$0  | \$59,876            | \$0  | \$0  |  |

| Name:           | Alexander Cartwright - Chancellor (8/1/2017 - 4/13/2020) | EMPLID: 10286864 |
|-----------------|--|------------------|
| Institution:    | University of Missouri - Columbia                        |                  |
| Phone:          | 573-884-2021   |                  |
| Contact Person: | Debora Hulett, Lead Compensation Consultant              |                  |

### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

|   | FY 2019 Actual Expenditures<br>7/1/2018 - 6/30/2019 |  |                                  | FY 2020 Estimated Expenditures<br>7/1/2019 - 4/13/2020 |  |                                  |
|---|---|--|----------------------------------|--|--|----------------------------------|
|   | Institutional Operating Funds                       | Private Funds<br>(e.g. Institution<br>Foundations) | Amount Above<br>Standard Benefit | Institutional Operating Funds                          | Private Funds (e.g.<br>Institution<br>Foundations) | Amount Above<br>Standard Benefit |
| Base salary                                       | \$491,667   |  |                                  | \$390,212  |  |                                  |
| Medical/dental/vision insurance for self          | \$5,037   |  |                                  | \$4,508  |  |                                  |
| Medical/dental/vision insurance for spouse/family | \$8,458   |  |                                  | \$8,056  |  |                                  |
| Long-term disability for self                     | \$257   |  |                                  | \$196  |  |                                  |
| Deferred compensation                             | \$25,000  |  |                                  | \$25,000   |  |                                  |
| Retirement benefit <sup>1</sup>                   | \$49,168  |  |                                  | \$37,020   |  |                                  |
| Other (please specify)                            |   |  |                                  |  |  |                                  |
| - ER Paid Life Insurance                          | \$628   |  |                                  | \$491  |  |                                  |
| - Retiree Health & Welfare                        | \$7,670   |  |                                  | \$5,138  |  |                                  |
| Additional life insurance                         | Value   |  |                                  |  |  |                                  |
| Annuity   | Value   |  |                                  |  |  |                                  |
| TOTAL   | \$587,885   | \$0  | \$0                              | \$470,621  | \$0  | \$0                              |

<sup>&</sup>lt;sup>1</sup> Note regarding change in methology: in prior years, the Retirement Benefit (row 18) consisted of contributions made only to the defined benefit plan and retiree health & welfare. Any contributions that were made to the 401(a) Defined Contribution Plan were reported under Other Compensation below (row 49). The new methodology more logically reports the contributions that were made to both the defined benefit and defined contribution as part of the Core Retirement Plan (row 18). Retiree Health & Welfare has been moved to Other Direct Compensation (row 21), and only payments made to the 401(a) that are outside of the core retirement plan are reported in row 49 below.

# Other Compensation:

|  |                                  | 19 Actual Expendi<br>/1/2018 - 6/30/201              |   | FY 2020 Estimated Expenditures<br>7/1/2019 - 4/13/2020 |  |   |
|--|----------------------------------|--|---|--|--|---|
|  | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value of Compensation (not reflected in budget) | Institutional<br>Operating Funds                       | Private Funds (e.g.<br>Institutional<br>Foundations) | Estimated Value of Compensation (not reflected in budget) |
| Housing  | university provided              |  |   | university provided                                    |  |   |
| Utilities Housing allowance (provided for private rent/lease/purchase) |                                  |  |   |  |  |   |
| Housekeeper  |                                  |  |   |  |  |   |
| Custodian, groundskeeper   |                                  |  |   |  |  |   |
| Insurance for personal property  |                                  |  |   |  |  |   |
| Entertainment  |                                  |  |   |  |  |   |
| Automobile Automobile allowance (provided for private lease/purchase)  | \$15,315                         |  |   | \$11,950   |  |   |
| Automobile repair/maintenance/mileage                                  |                                  |  |   |  |  |   |
| Professional development  Expense for spouse/family to attend meetings |                                  |  |   |  |  |   |
| Club/other memberships   |                                  |  |   |  |  |   |
| Other (please specify)   |                                  |  |   |  |  |   |
|  |                                  |  |   |  |  |   |
| TOTAL  | \$15,315                         | \$0  | \$0   | \$11,950   | \$0  | \$0   |

| Name:           | C. Mauli Agrawal - Chancellor (6/20/2018 - present) | EMPLID: 10290046 |
|-----------------|---|------------------|
| Institution:    | University of Missouri - Kansas City                |                  |
| Phone:          | 573-884-2021  |                  |
| Contact Person: | Debora Hulett, Lead Compensation Consultant         |                  |

### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

|   | FY 2019 Actual Expenditures<br>7/1/2018 - 6/30/2019 |  |                                  | FY 2020 Estimated Expenditures<br>7/1/2019 - 6/30/2020 |  |                                  |  |
|---|---|--|----------------------------------|--|--|----------------------------------|--|
|   | Institutional Operating Funds                       | Private Funds<br>(e.g. Institution<br>Foundations) | Amount Above<br>Standard Benefit | Institutional Operating Funds                          | Private Funds (e.g.<br>Institution<br>Foundations) | Amount Above<br>Standard Benefit |  |
| Base salary                                       | \$400,000   |  |                                  | \$399,458  |  |                                  |  |
| Medical/dental/vision insurance for self          | \$7,797   |  |                                  | \$7,983  |  |                                  |  |
| Medical/dental/vision insurance for spouse/family | \$13,714  |  |                                  | \$15,118   |  |                                  |  |
| Long-term disability for self                     | \$257   |  |                                  | \$230  |  |                                  |  |
| Deferred compensation                             | \$20,000  |  | \$20,000                         | \$20,000   |  | \$20,000                         |  |
| Retirement benefit 1                              | \$50,516  |  |                                  | \$45,544   |  |                                  |  |
| Other (please specify)                            |   |  |                                  |  |  |                                  |  |
| - ER Paid Life Insurance                          | \$433   |  |                                  | \$332  |  |                                  |  |
| - Retiree Health & Welfare                        | \$6,474   |  |                                  | \$5,695  |  |                                  |  |
|   |   |  |                                  |  |  |                                  |  |
| Additional life insurance                         | Value   |  |                                  |  |  |                                  |  |
|   |   |  |                                  |  |  |                                  |  |
| Annuity   | Value   |  |                                  |  |  |                                  |  |
|   |   |  |                                  |  |  |                                  |  |
|   |   |  |                                  |  |  |                                  |  |
| TOTAL   | \$499,191   | \$0  | \$20,000                         | \$494,360  | \$0  | \$20,000                         |  |

<sup>&</sup>lt;sup>1</sup> Note regarding change in methology: in prior years, the Retirement Benefit (row 18) consisted of contributions made only to the defined benefit plan and retiree health & welfare. Any contributions that were made to the 401(a) Defined Contribution Plan were reported under Other Compensation below (row 49). The new methodology more logically reports the contributions that were made to both the defined benefit and defined contribution as part of the Core Retirement Plan (row 18). Retiree Health & Welfare has been moved to Other Direct Compensation (row 21), and only payments made to the 401(a) that are outside of the core retirement plan are repoted in row 49 below.

### Other Compensation:

|  | FY 2019 Actual Expenditures<br>7/1/2018 - 6/30/2019 |  |  | FY 2020 Estimated Expenditures<br>7/1/2019 - 6/30/2020 |  |  |
|--|---|--|--|--|--|--|
|  | Institutional Operating Funds                       | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value<br>of Compensation<br>(not reflected in<br>budget) | Institutional<br>Operating Funds                       | Private Funds (e.g.<br>Institutional<br>Foundations) | Estimated Value<br>of Compensation<br>(not reflected in<br>budget) |
| Housing  | \$13,750  |  |  | \$15,000   |  |  |
| Utilities Housing allowance (provided for private rent/lease/purchase) |   |  |  |  |  |  |
| Housekeeper  |   |  |  |  |  |  |
| Custodian, groundskeeper   |   |  |  |  |  |  |
| Insurance for personal property  |   |  |  |  |  |  |
| Entertainment  |   |  |  |  |  |  |
| Automobile   |   |  |  |  |  |  |
| Automobile allowance (provided for private lease/purchase)             | \$13,750  |  |  | \$15,000   |  |  |
| Automobile repair/maintenance/mileage                                  |   |  |  |  |  |  |
| Professional development   |   |  |  |  |  |  |
| Expense for spouse/family to attend meetings                           |   |  |  |  |  |  |
| Club/other memberships   |   |  |  |  |  |  |
| Other (please specify)   |   |  |  |  |  |  |
|  |   |  |  |  |  |  |
|  |   |  |  |  |  |  |
| TOTAL  | \$27,500  | \$0  | \$0  | \$30,000   | \$0  | \$0  |

| Name:           | Mohammad Dehghani - Chancellor (8/1/2019 - present) | EMPLID: 10295768 |
|-----------------|---|------------------|
| Institution:    | Missouri University of Science & Technology         |                  |
| Phone:          | 573-884-2021  |                  |
| Contact Person: | Debora Hulett, Lead Compensation Consultant         |                  |

### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

|   | FY 2019 Actual Expenditures NA |  |                                  | FY 2020 Estimated Expenditures<br>8/1/2019 - 6/30/2020 |  |                                  |
|---|--------------------------------|--|----------------------------------|--|--|----------------------------------|
|   | Institutional Operating Funds  | Private Funds<br>(e.g. Institution<br>Foundations) | Amount Above<br>Standard Benefit | Institutional Operating Funds                          | Private Funds (e.g.<br>Institution<br>Foundations) | Amount Above<br>Standard Benefit |
| Base salary                                       |                                |  |                                  | \$360,000  |  |                                  |
| Medical/dental/vision insurance for self          |                                |  |                                  | \$4,982  |  |                                  |
| Medical/dental/vision insurance for spouse/family |                                |  |                                  | \$8,993  |  |                                  |
| Long-term disability for self                     |                                |  |                                  | \$209  |  |                                  |
| Deferred compensation                             |                                |  |                                  | \$10,000   |  | \$10,000                         |
| Retirement benefit <sup>1</sup>                   |                                |  |                                  | \$45,311   |  |                                  |
| Other (please specify)                            |                                |  |                                  |  |  |                                  |
| - ER Paid Life Insurance                          |                                |  |                                  | \$115  |  |                                  |
| - Retiree Health & Welfare                        |                                |  |                                  | \$4,932  |  |                                  |
|   |                                |  |                                  |  |  |                                  |
| Additional life insurance                         | Value                          |  |                                  |  |  |                                  |
|   |                                |  |                                  |  |  |                                  |
| Annuity   | Value                          |  |                                  |  |  |                                  |
|   |                                |  |                                  |  |  |                                  |
| TOTAL   | \$0                            | \$0  | \$0                              | \$434,542  | \$0  | \$10,000                         |

<sup>&</sup>lt;sup>1</sup>Note regarding change in methdology: in prior years, the Retirement Benefit (row 18) consisted of contributions made only to the defined benefit plan and retiree health & welfare. Any contributions that were made to the 401(a) Defined Contribution Plan were reported under Other Compensation below (row 49). The new methodology more logically reports the contributions that were made to both the defined benefit and defined contribution as part of the Core Retirement Plan (row 18). Retiree Health & Welfare has been moved to Other Direct Compensation (row 21), and only payments made to the 401(a) that are outside of the core retirement plan are repoted in row 49 below.

### Other Compensation:

|  | FY 20                         | 019 Actual Expendi<br>NA                             | tures  | FY 2020 Estimated Expenditures<br>8/1/2019 - 6/30/2020 |  |  |
|--|-------------------------------|--|--|--|--|--|
|  | Institutional Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value<br>of Compensation<br>(not reflected in<br>budget) | Institutional<br>Operating Funds                       | Private Funds (e.g.<br>Institutional<br>Foundations) | Estimated Value<br>of Compensation<br>(not reflected in<br>budget) |
| Housing  |                               |  |  | university provided                                    |  |  |
| Utilities Housing allowance (provided for private rent/lease/purchase) |                               |  |  |  |  |  |
| Housekeeper  |                               |  |  |  |  |  |
| Custodian, groundskeeper   |                               |  |  |  |  |  |
| Insurance for personal property  |                               |  |  |  |  |  |
| Entertainment  |                               |  |  |  |  |  |
| Automobile   |                               |  |  |  |  |  |
| Automobile allowance (provided for private lease/purchase)             |                               |  |  | \$13,750   |  |  |
| Automobile repair/maintenance/mileage                                  |                               |  |  |  |  |  |
| Professional development   |                               |  |  |  |  |  |
| Expense for spouse/family to attend meetings                           |                               |  |  |  |  |  |
| Club/other memberships   |                               |  |  |  |  |  |
| Other (please specify)   |                               |  |  |  |  |  |
|  |                               |  |  |  |  |  |
| TOTAL  | \$0                           | \$0  | \$0  | \$13,750   | \$0  | \$0  |

Name: Christopher Maples - Interim Chancellor (5/15/2017 - 8/1/2019) EMPLID: 10286516

Institution: Missouri University of Science & Technology
Phone: 573-884-2021

Contact Person: Debora Hulett, Lead Compensation Consultant

### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

|   | FY 2019 Actual Expenditures<br>7/1/2018 - 6/30/2019 |  |                                  | FY 2020 Estimated Expenditures<br>7/1/2019 - 8/1/2019 |  |                                  |
|---|---|--|----------------------------------|---|--|----------------------------------|
|   | Institutional Operating Funds                       | Private Funds<br>(e.g. Institution<br>Foundations) | Amount Above<br>Standard Benefit | Institutional Operating Funds                         | Private Funds (e.g.<br>Institution<br>Foundations) | Amount Above<br>Standard Benefit |
| Base salary                                       | \$279,167   |  |                                  | \$23,333  |  |                                  |
| Medical/dental/vision insurance for self          | \$5,037   |  |                                  | \$460   |  |                                  |
| Medical/dental/vision insurance for spouse/family | \$4,497   |  |                                  | \$443   |  |                                  |
| Long-term disability for self                     | \$257   |  |                                  | \$21  |  |                                  |
| Deferred compensation                             |   |  |                                  |   |  |                                  |
| Retirement benefit <sup>1</sup>                   | \$34,701  |  |                                  | \$2,977   |  |                                  |
| Other (please specify)                            |   |  |                                  |   |  |                                  |
| - ER Paid Life Insurance                          | \$202   |  |                                  | \$17  |  |                                  |
| - Retiree Health & Welfare                        | \$4,355   |  |                                  | \$320   |  |                                  |
| Additional life insurance                         | Value   |  |                                  |   |  |                                  |
| Annuity   | Value   |  |                                  |   |  |                                  |
| TOTAL   | \$328,216   | \$0  | \$0                              | \$27,571  | \$0  | \$0                              |

<sup>&</sup>lt;sup>1</sup>Note regarding change in methdology: in prior years, the Retirement Benefit (row 18) consisted of contributions made only to the defined benefit plan and retiree health & welfare. Any contributions that were made to the 401(a) Defined Contribution Plan were reported under Other Compensation below (row 49). The new methodology more logically reports the contributions that were made to both the defined benefit and defined contribution as part of the Core Retirement Plan (row 18). Retiree Health & Welfare has been moved to Other Direct Compensation (row 21), and only payments made to the 401(a) that are outside of the core retirement plan are reported in row 49 below.

# Other Compensation:

|  | FY 2019 Actual Expenditures<br>7/1/2018 - 6/30/2019 |  |   | FY 2020 Estimated Expenditures<br>7/1/2019 - 8/1/2019 |  |  |
|--|---|--|---|---|--|--|
|  | Institutional<br>Operating Funds                    | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value of Compensation (not reflected in budget) | Institutional<br>Operating Funds                      | Private Funds (e.g.<br>Institutional<br>Foundations) | Estimated Value<br>of Compensation<br>(not reflected in<br>budget) |
| Housing  | university provided                                 |  |   | university provided                                   |  |  |
| Utilities Housing allowance (provided for private rent/lease/purchase) |   |  |   |   |  |  |
| Housekeeper  |   |  |   |   |  |  |
| Custodian, groundskeeper   |   |  |   |   |  |  |
| Insurance for personal property  |   |  |   |   |  |  |
| Entertainment  |   |  |   |   |  |  |
| Automobile Automobile allowance (provided for private lease/purchase)  | \$12,000  |  |   | \$1,000   |  |  |
| Automobile repair/maintenance/mileage                                  |   |  |   |   |  |  |
| Professional development   |   |  |   |   |  |  |
| Expense for spouse/family to attend meetings                           |   |  |   |   |  |  |
| Club/other memberships   |   |  |   |   |  |  |
| Other (please specify)   |   |  |   |   |  |  |
|  |   |  |   |   |  |  |
| TOTAL  | \$12,000  | \$0  | \$0   | \$1,000   | \$0  | \$0  |

Kristin Sobolik - Chancellor (4/9/2020 - present);

Name: Interim ( 9/1/2019 - 4/8/2020)

Institution: University of Missouri - St. Louis

Phone: 573-884-2021

Contact Person: Debora Hulett, Lead Compensation Consultant

### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

|   | FY 2019 Actual Expenditures NA |  |                                  | FY 2020 Estimated Expenditures<br>9/1/2019 - 6/30/2020 |  |                                  |
|---|--------------------------------|--|----------------------------------|--|--|----------------------------------|
|   | Institutional Operating Funds  | Private Funds<br>(e.g. Institution<br>Foundations) | Amount Above<br>Standard Benefit | Institutional Operating Funds                          | Private Funds (e.g.<br>Institution<br>Foundations) | Amount Above<br>Standard Benefit |
| Base salary                                       |                                |  |                                  | \$281,212  |  |                                  |
| Medical/dental/vision insurance for self          |                                |  |                                  | \$4,538  |  |                                  |
| Medical/dental/vision insurance for spouse/family |                                |  |                                  | \$8,321  |  |                                  |
| Long-term disability for self                     |                                |  |                                  | \$188  |  |                                  |
| Deferred compensation                             |                                |  |                                  | \$20,000   |  | \$20,000                         |
| Retirement benefit <sup>1</sup>                   |                                |  |                                  | \$35,640   |  |                                  |
| Other (please specify)                            |                                |  |                                  |  |  |                                  |
| - ER Paid Life Insurance                          |                                |  |                                  | \$252  |  |                                  |
| - Retiree Health & Welfare                        |                                |  |                                  | \$3,853  |  |                                  |
|   |                                |  |                                  |  |  |                                  |
| Additional life insurance                         | Value                          |  |                                  |  |  |                                  |
| Annuity   | Value                          |  |                                  |  |  |                                  |
| TOTAL   | \$0                            | \$0  | \$0                              | \$354,004  | \$0  | \$20,000                         |

Note regarding change in methology: in prior years, the Retirement Benefit (row 18) consisted of contributions made only to the defined benefit plan and retiree health & welfare. Any contributions that were made to the 401(a) Defined Contribution Plan were reported under Other Compensation below (row 49). The new methodology more logically reports the contributions that were made to both the defined benefit and defined contribution as part of the Core Retirement Plan (row 18). Retiree Health & Welfare has been moved to Other Direct Compensation (row 21), and only payments made to the 401(a) that are outside of the core retirement plan are repoted in row 49 below.

### Other Compensation:

|  | FY 20                            | 19 Actual Expendi                                    | tures  | FY 20                            | 20 Estimated Expendi                                 | tures  |
|--|----------------------------------|--|--|----------------------------------|--|--|
|  |                                  | NA   | T  | !                                | 9/1/2019 - 6/30/2020                                 | )  |
|  | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value<br>of Compensation<br>(not reflected in<br>budget) | Institutional<br>Operating Funds | Private Funds (e.g.<br>Institutional<br>Foundations) | Estimated Value<br>of Compensation<br>(not reflected in<br>budget) |
| Housing  |                                  |  |  | university provided              |  |  |
| Utilities<br>Housing allowance (provided for private<br>rent/lease/purchase) |                                  |  |  |                                  |  |  |
| Housekeeper  |                                  |  |  |                                  |  |  |
| Custodian, groundskeeper   |                                  |  |  |                                  |  |  |
| Insurance for personal property  |                                  |  |  |                                  |  |  |
| Entertainment  |                                  |  |  |                                  |  |  |
| Automobile   |                                  |  |  | \$280                            |  |  |
| Automobile allowance (provided for private lease/purchase)                   |                                  |  |  | \$3,750                          |  |  |
| Automobile repair/maintenance/mileage  |                                  |  |  |                                  |  |  |
| Professional development   |                                  |  |  |                                  |  |  |
| Expense for spouse/family to attend meetings                                 |                                  |  |  |                                  |  |  |
| Club/other memberships   |                                  |  |  |                                  |  |  |
| Other (please specify)   |                                  |  |  |                                  |  |  |
|  |                                  |  |  |                                  |  |  |
| TOTAL  | \$0                              | \$0  | \$0  | \$4,030                          | \$0  | \$0  |

| Name:           | Thomas George - Chancellor (9/1/2003 - 9/1/2019) | EMPLID: 10223340 |
|-----------------|--|------------------|
| Institution:    | University of Missouri - St. Louis               |                  |
| Phone:          | 573-884-2021                                     |                  |
| Contact Person: | Debora Hulett, Lead Compensation Consultant      |                  |

### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

|   |                               | 19 Actual Expendi<br>1/2018 - 6/30/201             |                                  |                               | 0 Estimated Expendito<br>7/1/2019 - 9/1/2019       | ıres                             |
|---|-------------------------------|--|----------------------------------|-------------------------------|--|----------------------------------|
|   | Institutional Operating Funds | Private Funds<br>(e.g. Institution<br>Foundations) | Amount Above<br>Standard Benefit | Institutional Operating Funds | Private Funds (e.g.<br>Institution<br>Foundations) | Amount Above<br>Standard Benefit |
| Base salary                                       | \$323,969                     |  |                                  | \$54,134                      |  |                                  |
| Medical/dental/vision insurance for self          | \$7,797                       |  |                                  | \$1,344                       |  |                                  |
| Medical/dental/vision insurance for spouse/family |                               |  |                                  |                               |  |                                  |
| Long-term disability for self                     | \$257                         |  |                                  | \$43                          |  |                                  |
| Deferred compensation                             |                               |  |                                  |                               |  |                                  |
| Retirement benefit <sup>1</sup>                   | \$36,155                      |  |                                  | \$6,171                       |  |                                  |
| Other (please specify)                            |                               |  |                                  |                               |  |                                  |
| - ER Paid Life Insurance                          | \$47                          |  |                                  | \$8                           |  |                                  |
| - Retiree Health & Welfare                        | \$5,054                       |  |                                  | \$742                         |  |                                  |
|   |                               |  |                                  |                               |  |                                  |
| Additional life insurance                         | Value                         |  |                                  |                               |  |                                  |
| Annuity   | Value                         |  |                                  |                               |  |                                  |
| TOTAL   | \$373,279                     | \$0  | \$0                              | \$62,442                      | \$0  | \$0                              |

<sup>&</sup>lt;sup>1</sup> Note regarding change in methology: in prior years, the Retirement Benefit (row 18) consisted of contributions made only to the defined benefit plan and retiree health & welfare. Any contributions that were made to the 401(a) Defined Contribution Plan were reported under Other Compensation below (row 49). The new methodology more logically reports the contributions that were made to both the defined benefit and defined contribution as part of the Core Retirement Plan (row 18). Retiree Health & Welfare has been moved to Other Direct Compensation (row 21), and only payments made to the 401(a) that are outside of the core retirement plan are repoted in row 49 below.

# Other Compensation:

|  |                                  | 019 Actual Expendi<br>/1/2018 - 6/30/201             |   | FY 2020 Estimated Expenditures<br>7/1/2019 - 9/1/2019 |  |   |
|--|----------------------------------|--|---|---|--|---|
|  | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value of Compensation (not reflected in budget) |   | Private Funds (e.g.<br>Institutional<br>Foundations) | Estimated Value of Compensation (not reflected in budget) |
| Housing  | university provided              |  |   | university provided                                   |  |   |
| Utilities  |                                  |  |   |   |  |   |
| Housing allowance (provided for private rent/lease/purchase) |                                  |  |   |   |  |   |
| Housekeeper  |                                  |  |   |   |  |   |
| Custodian, groundskeeper                                     |                                  |  |   |   |  |   |
| Insurance for personal property                              |                                  |  |   |   |  |   |
| Entertainment  |                                  |  |   |   |  |   |
| Automobile   | \$2,789                          |  |   | \$3,044   |  |   |
| Automobile allowance (provided for private lease/purchase)   |                                  |  |   |   |  |   |
| Automobile repair/maintenance/mileage                        |                                  |  |   |   |  |   |
| Professional development                                     |                                  |  |   |   |  |   |
| Expense for spouse/family to attend meetings                 |                                  |  |   |   |  |   |
| Club/other memberships                                       |                                  |  |   |   |  |   |
| Other (please specify)                                       |                                  |  |   |   |  |   |
| - ER Contribution to 401(a)                                  | \$55,000                         |  |   | \$37,333  |  |   |
|  |                                  |  |   |   |  |   |
| TOTAL  | \$57,789                         | \$0  | \$0   | \$40,377  | \$0  | \$0   |

# Public Two-Year Colleges

Name: Glenn Coltharp
Institution: Crowder College
Phone: 417-455-5533
Contact Person: Amy Rand

# **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

|   | FY 20           | )19 Actual Expendi | tures            | FY 202          | 0 Estimated Exper | ditures          |
|---|-----------------|--------------------|------------------|-----------------|-------------------|------------------|
|   |                 | Private Funds      |                  |                 | Private Funds     |                  |
|   | Institutional   | (e.g. Institution  | Amount Above     | Institutional   | (e.g. Institution | Amount Above     |
|   | Operating Funds | Foundations)       | Standard Benefit | Operating Funds | Foundations)      | Standard Benefit |
| Base salary                                       | \$180,000       |                    |                  | \$180,000       |                   |                  |
| Medical/dental/vision insurance for self          |                 |                    |                  |                 |                   |                  |
| Medical/dental/vision insurance for spouse/family |                 |                    |                  |                 |                   |                  |
| Long-term disability for self                     |                 |                    |                  |                 |                   |                  |
| Deferred compensation                             |                 |                    |                  |                 |                   |                  |
| Retirement benefit                                | \$26,100        |                    |                  | \$26,100        |                   |                  |
| Other (please specify)                            |                 |                    |                  |                 |                   |                  |
|   |                 |                    |                  |                 |                   |                  |
|   |                 |                    |                  |                 |                   |                  |
| Additional life insurance                         | Value           |                    |                  |                 |                   |                  |
| Annuity   | Value           |                    |                  |                 |                   |                  |
|   |                 |                    |                  |                 |                   |                  |
|   |                 |                    |                  |                 |                   |                  |
| TOTAL   | \$206,100       | \$0                | \$0              | \$206,100       | \$0               | \$0              |

# Other Compensation:

|  | FY 20                            | 019 Actual Expendi                                   | tures  | FY 202                           | 0 Estimated Expen                                    | ditures  |
|--|----------------------------------|--|--|----------------------------------|--|--|
|  | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value<br>of Compensation<br>(not reflected in<br>budget) | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value<br>of Compensation<br>(not reflected in<br>budget) |
| Housing  |                                  |  |  |                                  |  |  |
| Utilities Housing allowance (provided for private rent/lease/purchase) |                                  |  |  |                                  |  |  |
| Housekeeper  |                                  |  |  |                                  |  |  |
| Custodian, groundskeeper   |                                  |  |  |                                  |  |  |
| Insurance for personal property  |                                  |  |  |                                  |  |  |
| Entertainment  |                                  |  |  |                                  |  |  |
| Automobile Automobile allowance (provided for private lease/purchase)  |                                  |  |  |                                  |  |  |
| Automobile repair/maintenance/mileage                                  |                                  |  |  |                                  |  |  |
| Professional development   |                                  |  |  |                                  |  |  |
| Expense for spouse/family to attend meetings                           |                                  |  |  |                                  |  |  |
| Club/other memberships   | \$30                             |  |  | \$30                             |  |  |
| Other (please specify)   |                                  |  |  |                                  |  |  |
| TOTAL  | \$30                             | \$0  | \$0  | \$30                             | \$0  | \$0  |

Name: Dr. Carl (Jon) Bauer

Institution: East Central College

Phone: Annette Moore

Contact Person: 636-584-6704

# **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

|  | FY 20           | 019 Actual Expendi | tures            | FY 202          | 0 Estimated Expen | ditures          |
|--|-----------------|--------------------|------------------|-----------------|-------------------|------------------|
|  |                 | Private Funds      |                  |                 | Private Funds     |                  |
|  | Institutional   | (e.g. Institution  | Amount Above     | Institutional   | (e.g. Institution | Amount Above     |
|  | Operating Funds | Foundations)       | Standard Benefit | Operating Funds | Foundations)      | Standard Benefit |
| Base salary  | \$151,742       |                    |                  | \$151,742       |                   |                  |
| Medical/dental/vision insurance for self   | \$8,124         |                    |                  | \$8,607         |                   |                  |
| Medical/dental/vision insurance for spouse/family                                      | \$7,944         |                    | \$7,944          | \$8,667         |                   | \$8,667          |
| Long-term disability for self  | \$242           |                    |                  | \$242           |                   |                  |
| Deferred compensation  |                 |                    |                  |                 |                   |                  |
| Retirement benefit   | \$23,180        |                    |                  | \$23,251        |                   |                  |
| Misc entertainemnt   |                 | \$3,732            | \$3,732          |                 | \$3,300           | \$3,300          |
| Travel   | \$6,000         |                    | \$6,000          | \$6,000         |                   | \$6,000          |
| H.S.A  | \$5,200         |                    | \$5,200          | \$5,200         |                   | \$5,200          |
| Life Insurance   | \$122           |                    |                  | \$122           |                   |                  |
| Additional life insurance  | Value           |                    |                  |                 |                   |                  |
| **The College Provides \$100k Basic Life - Dr. Bauer Purchased an Additional \$140,000 |                 |                    |                  |                 |                   |                  |
| Annuity  | Value           |                    |                  |                 |                   |                  |
| TOTAL  | \$202,554       | \$3,732            | \$22,876         | \$203,831       | \$3,300           | \$23,167         |

# Other Compensation:

|  | FY 20                            | 019 Actual Expendi                                   | tures  | FY 202                           | 0 Estimated Expen                                    | ditures                         |
|--|----------------------------------|--|--|----------------------------------|--|---------------------------------|
|  | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value<br>of Compensation<br>(not reflected in<br>budget) | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value of Compensation |
| Housing  |                                  |  |  |                                  |  |                                 |
| Utilities Housing allowance (provided for private rent/lease/purchase) |                                  |  |  |                                  |  |                                 |
| Housekeeper  |                                  |  |  |                                  |  |                                 |
| Custodian, groundskeeper   |                                  |  |  |                                  |  |                                 |
| Insurance for personal property  |                                  |  |  |                                  |  |                                 |
| Entertainment  |                                  |  |  |                                  |  |                                 |
| Automobile Automobile allowance (provided for private lease/purchase)  |                                  |  |  |                                  |  |                                 |
| Automobile repair/maintenance/mileage                                  |                                  |  |  |                                  |  |                                 |
| Professional development   |                                  |  |  |                                  |  |                                 |
| Expense for spouse/family to attend meetings                           |                                  |  |  |                                  |  |                                 |
| Club/other memberships   |                                  |  |  |                                  |  |                                 |
| Other (please specify)   |                                  |  |  |                                  |  |                                 |
|  |                                  |  |  |                                  |  |                                 |
| TOTAL  | \$0                              | \$0  | \$0  | \$0                              | \$0  | \$0                             |

Name: Dr. Ray Cummiskey, President

Institution: Jefferson College

Phone: <u>(636)481-3120</u>

Contact Person: Daryl Gehbauer, Vice President Fianance and Administration

# **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

|   | FY 20                         | 019 Actual Expendi                                 | tures                            | FY 202                        | 0 Estimated Expen                                  | ditures                          |
|---|-------------------------------|--|----------------------------------|-------------------------------|--|----------------------------------|
|   | Institutional Operating Funds | Private Funds<br>(e.g. Institution<br>Foundations) | Amount Above<br>Standard Benefit | Institutional Operating Funds | Private Funds<br>(e.g. Institution<br>Foundations) | Amount Above<br>Standard Benefit |
| Base salary                                       | \$221,157                     | 1 oundations)                                      | Standard Benefit                 | \$225,580                     | ,  | Standard Benefit                 |
| Medical/dental/vision insurance for self          | \$7,257                       |  |                                  | \$7,874                       |  |                                  |
| Medical/dental/vision insurance for spouse/family | \$0                           |  |                                  | \$0                           |  |                                  |
| Long-term disability for self                     | \$236                         |  |                                  | \$223                         |  |                                  |
| Deferred compensation                             | \$0                           |  |                                  | \$0                           |  |                                  |
| Retirement benefit                                | \$33,398                      |  |                                  | \$34,129                      |  |                                  |
| Other (please specify) Insruance Reimbursement    | \$1,920                       |  |                                  | \$1,920                       |  |                                  |
|   |                               |  |                                  |                               |  |                                  |
| Additional life insurance                         | \$0                           |  |                                  |                               |  |                                  |
| Annuity   | \$0                           |  |                                  |                               |  |                                  |
| TOTAL   | \$263,968                     | \$0  | \$0                              | \$269,726                     | \$0  | \$0                              |

# Other Compensation:

|  | FY 2                          | 019 Actual Expendi                                   | tures   | FY 202                           | 0 Estimated Expen                                    | ditures  |
|--|-------------------------------|--|---|----------------------------------|--|--|
|  | Institutional Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value of Compensation (not reflected in budget) | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value<br>of Compensation<br>(not reflected in<br>budget) |
| Housing  | \$0                           |  |   | \$0                              |  |  |
| Utilities  | \$0                           |  |   | \$0                              |  |  |
| Housing allowance (provided for private rent/lease/purchase) | \$0                           |  |   | \$0                              |  |  |
| Housekeeper  | \$0                           |  |   | \$0                              |  |  |
| Custodian, groundskeeper                                     | \$0                           |  |   | \$0                              |  |  |
| Insurance for personal property                              | \$0                           |  |   | \$0                              |  |  |
| Entertainment  | \$0                           |  |   | \$0                              |  |  |
| Automobile   | \$0                           |  |   | \$0                              |  |  |
| Automobile allowance (provided for private lease/purchase)   | \$0                           |  |   | \$0                              |  |  |
| Automobile repair/maintenance/mileage                        | \$0                           |  |   | \$0                              |  |  |
| Professional development                                     | \$0                           |  |   | \$0                              |  |  |
| Expense for spouse/family to attend meetings                 | \$0                           |  |   | \$0                              |  |  |
| Club/other memberships                                       | \$0                           |  |   | \$0                              |  |  |
| Other (please specify)                                       | \$0                           |  |   | \$0                              |  |  |
|  |                               |  |   |                                  |  |  |
| TOTAL  | \$0                           | \$0  | \$0   | \$0                              | \$0  | \$0  |

Name: Dr. Michael Banks - Interim President BR Campus 1/19-6/19

Institution: Metropolitan Community College

Phone: 816-604-1130

Contact Person: Patricia Amick

# **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

|   | FY 20           | 019 Actual Expendi | tures            | FY 202          | 0 Estimated Exper | nditures         |
|---|-----------------|--------------------|------------------|-----------------|-------------------|------------------|
|   |                 | Private Funds      |                  |                 | Private Funds     |                  |
|   | Institutional   | (e.g. Institution  | Amount Above     | Institutional   | (e.g. Institution | Amount Above     |
|   | Operating Funds | Foundations)       | Standard Benefit | Operating Funds | Foundations)      | Standard Benefit |
| Base salary                                       | \$85,266        |                    |                  |                 |                   |                  |
| Medical/dental/vision insurance for self          | \$4,738         |                    |                  |                 |                   |                  |
| Medical/dental/vision insurance for spouse/family | \$5,361         |                    |                  |                 |                   |                  |
| Long-term disability for self                     | \$315           |                    |                  |                 |                   |                  |
| Deferred compensation                             |                 |                    |                  |                 |                   |                  |
| Retirement benefit                                | \$12,363        |                    |                  |                 |                   |                  |
| Other (please specify)                            |                 |                    |                  |                 |                   |                  |
| 403b  | \$0             |                    |                  |                 |                   |                  |
| Life Insurance                                    | \$1,333         |                    | \$445            |                 |                   |                  |
| Additional life insurance                         | Value           |                    |                  |                 |                   |                  |
|   | 7 4.14.5        |                    |                  |                 |                   |                  |
| Annuity   | Value           |                    |                  |                 |                   |                  |
|   |                 |                    |                  |                 |                   |                  |
| TOTAL   | \$109,376       | \$0                | \$445            | \$0             | \$0               | \$0              |

# Other Compensation:

|  | FY 2                             | 019 Actual Expendi                                   | tures  | FY 202                           | 0 Estimated Expen                                    | ditures  |
|--|----------------------------------|--|--|----------------------------------|--|--|
|  | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value<br>of Compensation<br>(not reflected in<br>budget) | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value<br>of Compensatior<br>(not reflected in<br>budget) |
| Housing  |                                  |  |  |                                  |  |  |
| Utilities  |                                  |  |  |                                  |  |  |
| Housing allowance (provided for private rent/lease/purchase) |                                  |  |  |                                  |  |  |
| Housekeeper  |                                  |  |  |                                  |  |  |
| Custodian, groundskeeper                                     |                                  |  |  |                                  |  |  |
| Insurance for personal property                              |                                  |  |  |                                  |  |  |
| Entertainment  |                                  |  |  |                                  |  |  |
| Automobile   | \$3,600                          |  |  |                                  |  |  |
| Automobile allowance (provided for private lease/purchase)   |                                  |  |  |                                  |  |  |
| Automobile repair/maintenance/mileage                        |                                  |  |  |                                  |  |  |
| Professional development                                     |                                  |  |  |                                  |  |  |
| Expense for spouse/family to attend meetings                 |                                  |  |  |                                  |  |  |
| Club/other memberships                                       |                                  |  |  |                                  |  |  |
| Other (please specify)                                       |                                  |  |  |                                  |  |  |
|  |                                  |  |  |                                  |  |  |
|  |                                  |  |  |                                  |  |  |
| TOTAL  | \$3,600                          | \$0  | \$0  | \$0                              | \$0  | \$(  |

Dr. Thomas Meyer - President of Blue River and Business & Technology

Name: Campuses as of 6/19

Institution: Metropolitan Community College

Phone: 816-604-1130

Contact Person: Patricia Amick

### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

|   | FY 20                         | 019 Actual Expendi                | tures                            | FY 202                        | 0 Estimated Expen                 | ditures                          |
|---|-------------------------------|-----------------------------------|----------------------------------|-------------------------------|-----------------------------------|----------------------------------|
|   |                               | Private Funds                     |                                  | 1 22 2                        | Private Funds                     |                                  |
|   | Institutional Operating Funds | (e.g. Institution<br>Foundations) | Amount Above<br>Standard Benefit | Institutional Operating Funds | (e.g. Institution<br>Foundations) | Amount Above<br>Standard Benefit |
| Base salary                                       | \$13,667                      | ,                                 |                                  | \$164,000                     | ,                                 |                                  |
| Medical/dental/vision insurance for self          | \$0                           |                                   |                                  | \$10,887                      |                                   |                                  |
| Medical/dental/vision insurance for spouse/family |                               |                                   |                                  |                               |                                   |                                  |
| Long-term disability for self                     | \$0                           |                                   |                                  | \$588                         |                                   |                                  |
| Deferred compensation                             |                               |                                   |                                  |                               |                                   |                                  |
| Retirement benefit                                | \$1,982                       |                                   |                                  | \$23,780                      |                                   |                                  |
| Other (please specify)                            |                               |                                   |                                  |                               |                                   |                                  |
| 403b  | \$0                           |                                   |                                  | \$317                         |                                   |                                  |
| Life Insurance                                    | \$0                           |                                   |                                  | \$1,281                       |                                   | \$427                            |
| Additional life insurance                         | Value                         |                                   |                                  |                               |                                   |                                  |
| Annuity   | Value                         |                                   |                                  |                               |                                   |                                  |
| TOTAL   | \$15,649                      | \$0                               | \$0                              | \$200,853                     | \$0                               | \$427                            |

### Other Compensation:

|   | FY 2                          | 019 Actual Expendi                                   | tures  | FY 202                           | FY 2020 Estimated Expenditures                       |  |  |
|---|-------------------------------|--|--|----------------------------------|--|--|--|
|   | Institutional Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value<br>of Compensation<br>(not reflected in<br>budget) | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value<br>of Compensation<br>(not reflected in<br>budget) |  |
| Housing   |                               |  |  |                                  |  |  |  |
| Utilities   |                               |  |  |                                  |  |  |  |
| Housing allowance (provided for private rent/lease/purchase)          |                               |  |  |                                  |  |  |  |
| Housekeeper   |                               |  |  |                                  |  |  |  |
| Custodian, groundskeeper  |                               |  |  |                                  |  |  |  |
| Insurance for personal property                                       |                               |  |  |                                  |  |  |  |
| Entertainment   |                               |  |  |                                  |  |  |  |
| Automobile Automobile allowance (provided for private lease/purchase) | \$600                         |  |  | \$7,200                          |  |  |  |
| Automobile repair/maintenance/mileage                                 |                               |  |  |                                  |  |  |  |
| Professional development  |                               |  |  |                                  |  |  |  |
| Expense for spouse/family to attend meetings                          |                               |  |  |                                  |  |  |  |
| Club/other memberships  |                               |  |  |                                  |  |  |  |
| Other (please specify)  |                               |  |  |                                  |  |  |  |
|   |                               |  |  |                                  |  |  |  |
| TOTAL   | \$600                         | \$0  | \$0  | \$7,200                          | \$0  | \$0  |  |

Name: <u>Dr. Jackie Gill - President of Business & Technology Campus</u> from 7/1/18-7/1/19

Institution: Metropolitan Community College

Phone: 816-604-1130
Contact Person: Patricia Amick

# **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

|   | FY 20           | 019 Actual Expendi                 | tures            | FY 202          | 0 Estimated Exper                  | nditures         |
|---|-----------------|------------------------------------|------------------|-----------------|------------------------------------|------------------|
|   | Institutional   | Private Funds<br>(e.g. Institution | Amount Above     | Institutional   | Private Funds<br>(e.g. Institution | Amount Above     |
|   | Operating Funds | Foundations)                       | Standard Benefit | Operating Funds | Foundations)                       | Standard Benefit |
| Base salary                                       | \$172,195       |                                    |                  |                 |                                    |                  |
| Medical/dental/vision insurance for self          | \$9,476         |                                    |                  |                 |                                    |                  |
| Medical/dental/vision insurance for spouse/family | \$0             |                                    |                  |                 |                                    |                  |
| Long-term disability for self                     | \$630           |                                    |                  |                 |                                    |                  |
| Deferred compensation                             |                 |                                    |                  |                 |                                    |                  |
| Retirement benefit                                | \$24,968        |                                    |                  |                 |                                    |                  |
| Other (please specify)                            |                 |                                    |                  |                 |                                    |                  |
| 403b  | \$1,000         |                                    |                  |                 |                                    |                  |
| Life Insurance                                    | \$1,346         |                                    | \$450            |                 |                                    |                  |
| Additional life insurance                         | Value           |                                    |                  |                 |                                    |                  |
| Annuity   | Value           |                                    |                  |                 |                                    |                  |
| TOTAL   | \$209,615       | \$0                                | \$450            | \$0             | \$0                                | \$0              |

# Other Compensation:

|  | FY 2                             | 019 Actual Expendi                                   | tures  | FY 202                           | FY 2020 Estimated Expenditures                       |  |  |
|--|----------------------------------|--|--|----------------------------------|--|--|--|
|  | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value<br>of Compensation<br>(not reflected in<br>budget) | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value<br>of Compensatior<br>(not reflected in<br>budget) |  |
| Housing  |                                  |  |  |                                  |  |  |  |
| Utilities  |                                  |  |  |                                  |  |  |  |
| Housing allowance (provided for private rent/lease/purchase) |                                  |  |  |                                  |  |  |  |
| Housekeeper  |                                  |  |  |                                  |  |  |  |
| Custodian, groundskeeper                                     |                                  |  |  |                                  |  |  |  |
| Insurance for personal property                              |                                  |  |  |                                  |  |  |  |
| Entertainment  |                                  |  |  |                                  |  |  |  |
| Automobile   | \$7,200                          |  |  |                                  |  |  |  |
| Automobile allowance (provided for private lease/purchase)   |                                  |  |  |                                  |  |  |  |
| Automobile repair/maintenance/mileage                        |                                  |  |  |                                  |  |  |  |
| Professional development                                     |                                  |  |  |                                  |  |  |  |
| Expense for spouse/family to attend meetings                 |                                  |  |  |                                  |  |  |  |
| Club/other memberships                                       |                                  |  |  |                                  |  |  |  |
| Other (please specify)                                       |                                  |  |  |                                  |  |  |  |
|  |                                  |  |  |                                  |  |  |  |
|  |                                  |  |  |                                  |  |  |  |
| TOTAL  | \$7,200                          | \$0  | \$0  | \$0                              | \$0  | \$(  |  |

Name: Dr. Kimberly Beatty - Chancellor, Interim President of Longview 1/20-6/20

Institution: Metropolitan Community College

Phone: 816-604-1130

Contact Person: Patricia Amick

# **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

|   | FY 20           | )19 Actual Expend                  | tures            | FY 202          | 0 Estimated Expen                  | ditures          |
|---|-----------------|------------------------------------|------------------|-----------------|------------------------------------|------------------|
|   | Institutional   | Private Funds<br>(e.g. Institution | Amount Above     | Institutional   | Private Funds<br>(e.g. Institution | Amount Above     |
|   | Operating Funds | Foundations)                       | Standard Benefit | Operating Funds | Foundations)                       | Standard Benefit |
| Base salary                                       | \$275,000       |                                    |                  | \$277,750       |                                    |                  |
| Medical/dental/vision insurance for self          | \$10,069        |                                    |                  | \$10,887        |                                    |                  |
| Medical/dental/vision insurance for spouse/family | \$5,677         |                                    |                  | \$5,269         |                                    |                  |
| Long-term disability for self                     | \$966           |                                    |                  | \$1,008         |                                    |                  |
| Deferred compensation                             |                 |                                    |                  |                 |                                    |                  |
| Retirement benefit                                | \$39,875        |                                    |                  | \$40,274        |                                    |                  |
| Other (please specify)                            |                 |                                    |                  |                 |                                    |                  |
| 403b  | \$0             |                                    |                  | \$0             |                                    |                  |
| Life Insurance                                    | \$2,148         |                                    | \$716            | \$2,172         |                                    | \$724            |
| Additional life insurance                         | Value           |                                    |                  |                 |                                    |                  |
| Annuity   | Value           |                                    |                  |                 |                                    |                  |
| TOTAL   | \$333,735       | \$0                                | \$716            | \$337,360       | \$0                                | \$724            |

# Other Compensation:

|   | FY 2                             | 019 Actual Expendi                                   | tures   | FY 202                           | FY 2020 Estimated Expenditures                       |   |  |
|---|----------------------------------|--|---|----------------------------------|--|---|--|
|   | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value of Compensation (not reflected in budget) | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value of Compensation (not reflected in budget) |  |
| Housing   |                                  |  |   |                                  |  |   |  |
| Utilities   |                                  |  |   |                                  |  |   |  |
| Housing allowance (provided for private rent/lease/purchase)          |                                  |  |   |                                  |  |   |  |
| Housekeeper   |                                  |  |   |                                  |  |   |  |
| Custodian, groundskeeper  |                                  |  |   |                                  |  |   |  |
| Insurance for personal property                                       |                                  |  |   |                                  |  |   |  |
| Entertainment   |                                  | \$682  |   |                                  | \$3,600  |   |  |
| Automobile Automobile allowance (provided for private lease/purchase) | \$12,000                         |  |   | \$12,000                         |  |   |  |
| Automobile repair/maintenance/mileage                                 |                                  |  |   |                                  |  |   |  |
| Professional development  |                                  |  |   |                                  |  |   |  |
| Expense for spouse/family to attend meetings                          |                                  |  |   |                                  |  |   |  |
| Club/other memberships  |                                  |  |   |                                  |  |   |  |
| Other (please specify)  |                                  |  |   |                                  |  |   |  |
|   |                                  |  |   |                                  |  |   |  |
| TOTAL   | \$12,000                         | \$682  | \$0   | \$12,000                         | \$3,600  | \$0   |  |

Name: <u>Dr. Utpal Goswami - President of Maple Woods 7/18-8/18, President of Longview Campus 8/18-12/19</u>

Institution: Metropolitan Community College

Phone: 816-604-1130
Contact Person: Patricia Amick

# **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

|   | FY 20           | )19 Actual Expend                  | tures            | FY 202          | 0 Estimated Expen                  | ditures          |
|---|-----------------|------------------------------------|------------------|-----------------|------------------------------------|------------------|
|   | Institutional   | Private Funds<br>(e.g. Institution | Amount Above     | Institutional   | Private Funds<br>(e.g. Institution | Amount Above     |
|   | Operating Funds | Foundations)                       | Standard Benefit | Operating Funds | Foundations)                       | Standard Benefit |
| Base salary                                       | \$185,000       |                                    |                  | \$93,425        |                                    |                  |
| Medical/dental/vision insurance for self          | \$9,476         |                                    |                  | \$4,738         |                                    |                  |
| Medical/dental/vision insurance for spouse/family | \$6,270         |                                    |                  | \$3,135         |                                    |                  |
| Long-term disability for self                     | \$672           |                                    |                  | \$336           |                                    |                  |
| Deferred compensation                             |                 |                                    |                  |                 |                                    |                  |
| Retirement benefit                                | \$26,825        |                                    |                  | \$13,547        |                                    |                  |
| Other (please specify)                            |                 |                                    |                  |                 |                                    |                  |
| 403b  | \$1,000         |                                    |                  | \$1,000         |                                    |                  |
| Life Insurance                                    | \$1,445         |                                    | \$482            | \$730           |                                    | \$243            |
| Additional life insurance                         | Value           |                                    |                  |                 |                                    |                  |
| Annuity   | Value           |                                    |                  |                 |                                    |                  |
| TOTAL   | \$230,688       | \$0                                | \$482            | \$116,911       | \$0                                | \$243            |

# Other Compensation:

|  | FY 20                            | 019 Actual Expendi                                   | tures  | FY 2020 Estimated Expenditures   |  |  |
|--|----------------------------------|--|--|----------------------------------|--|--|
|  | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value<br>of Compensation<br>(not reflected in<br>budget) | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value<br>of Compensation<br>(not reflected in<br>budget) |
| Housing  |                                  |  |  |                                  |  |  |
| Utilities Housing allowance (provided for private rent/lease/purchase) |                                  |  |  |                                  |  |  |
| Housekeeper  |                                  |  |  |                                  |  |  |
| Custodian, groundskeeper   |                                  |  |  |                                  |  |  |
| Insurance for personal property  |                                  |  |  |                                  |  |  |
| Entertainment  |                                  |  |  |                                  |  |  |
| Automobile Automobile allowance (provided for private lease/purchase)  | \$7,200                          |  |  | \$3,600                          |  |  |
| Automobile repair/maintenance/mileage                                  |                                  |  |  |                                  |  |  |
| Professional development   |                                  |  |  |                                  |  |  |
| Expense for spouse/family to attend meetings                           |                                  |  |  |                                  |  |  |
| Club/other memberships   |                                  |  |  |                                  |  |  |
| Other (please specify)   |                                  |  |  |                                  |  |  |
| TOTAL  | \$7,200                          | \$0  | \$0  | \$3,600                          | \$0  | \$0  |

Dr. Tyjaun Lee - President of Penn Valley Campus, President of Maple

Name: Woods 8/18-6/20

Institution: Metropolitan Community College

Phone: 816-604-1130
Contact Person: Patricia Amick

# **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

|   | FY 20           | 019 Actual Expendi | tures            | FY 202          | 0 Estimated Expen | ditures          |
|---|-----------------|--------------------|------------------|-----------------|-------------------|------------------|
|   |                 | Private Funds      |                  |                 | Private Funds     |                  |
|   | Institutional   | (e.g. Institution  | Amount Above     | Institutional   | (e.g. Institution | Amount Above     |
|   | Operating Funds | Foundations)       | Standard Benefit | Operating Funds | Foundations)      | Standard Benefit |
| Base salary                                       | \$178,000       |                    |                  | \$179,780       |                   |                  |
| Medical/dental/vision insurance for self          | \$9,114         |                    |                  | \$9,850         |                   |                  |
| Medical/dental/vision insurance for spouse/family |                 |                    |                  |                 |                   |                  |
| Long-term disability for self                     | \$630           |                    |                  | \$630           |                   |                  |
| Deferred compensation                             |                 |                    |                  |                 |                   |                  |
| Retirement benefit                                | \$25,810        |                    |                  | \$26,068        |                   |                  |
| Other (please specify)                            |                 |                    |                  |                 |                   |                  |
| 403b  | \$0             |                    |                  | \$0             |                   |                  |
| Life Insurance                                    | \$1,391         |                    | \$464            | \$1,406         |                   | \$469            |
| Additional life insurance                         | Value           |                    |                  |                 |                   |                  |
| Annuity   | Value           |                    |                  |                 |                   |                  |
| TOTAL   | \$214,945       | \$0                | \$464            | \$217,734       | \$0               | \$469            |

# Other Compensation:

|  | EV 2                             | 019 Actual Expendi                                   | tures  | EV 202                           | FY 2020 Estimated Expenditures                       |  |  |
|--|----------------------------------|--|--|----------------------------------|--|--|--|
|  | FY Z                             | T Actual Expendi                                     | tures  | F1 202                           | o estimated expen                                    | T  |  |
|  | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value<br>of Compensation<br>(not reflected in<br>budget) | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value<br>of Compensation<br>(not reflected in<br>budget) |  |
| Housing  |                                  |  |  |                                  |  |  |  |
| Utilities<br>Housing allowance (provided for private<br>rent/lease/purchase)               |                                  |  |  |                                  |  |  |  |
| Housekeeper  |                                  |  |  |                                  |  |  |  |
| Custodian, groundskeeper   |                                  |  |  |                                  |  |  |  |
| Insurance for personal property  |                                  |  |  |                                  |  |  |  |
| Entertainment  |                                  |  |  |                                  |  |  |  |
| Automobile Automobile allowance (provided for private lease/purchase)                      | \$7,200                          |  |  | \$7,200                          |  |  |  |
| Automobile repair/maintenance/mileage Professional development                             |                                  |  |  |                                  |  |  |  |
| Expense for spouse/family to attend meetings Club/other memberships Other (please specify) |                                  |  |  |                                  |  |  |  |
|  |                                  |  |  |                                  |  |  |  |
| TOTAL  | \$7,200                          | \$0  | \$0  | \$7,200                          | \$0  | \$0  |  |

Name: JOSEPH GILGOUR
Institution: MINERAL AREA COLLEGE
Phone: (573) 518-2129

# **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

Contact Person: SARAH DEMENT

|   | FY 20           | )19 Actual Expendi | tures            | FY 202          | FY 2020 Estimated Expenditures |                  |  |  |
|---|-----------------|--------------------|------------------|-----------------|--------------------------------|------------------|--|--|
|   |                 | Private Funds      |                  |                 | Private Funds                  |                  |  |  |
|   | Institutional   | (e.g. Institution  | Amount Above     | Institutional   | (e.g. Institution              | Amount Above     |  |  |
|   | Operating Funds | Foundations)       | Standard Benefit | Operating Funds | Foundations)                   | Standard Benefit |  |  |
| Base salary                                       | \$104,891       |                    |                  | \$165,000       |                                |                  |  |  |
| Medical/dental/vision insurance for self          | \$5,185         |                    |                  | \$7,539         |                                |                  |  |  |
| Medical/dental/vision insurance for spouse/family |                 |                    |                  |                 |                                |                  |  |  |
| Long-term disability for self                     | \$160           |                    |                  | \$160           |                                |                  |  |  |
| Deferred compensation                             | \$13,500        |                    | \$13,500         |                 |                                |                  |  |  |
| Retirement benefit                                | \$18,226        |                    |                  | \$25,007        |                                |                  |  |  |
| Other (please specify)                            |                 |                    |                  |                 |                                |                  |  |  |
| Travel Allowance                                  |                 |                    |                  | \$5,000         |                                |                  |  |  |
|   |                 |                    |                  |                 |                                |                  |  |  |
| Additional life insurance                         | Value           |                    |                  |                 |                                |                  |  |  |
| Annuity   | Value           |                    |                  |                 |                                |                  |  |  |
|   |                 |                    |                  |                 |                                |                  |  |  |
|   | <b>A</b>        | 1-                 | 440              | 4000 ====       | 4-                             | 4-               |  |  |
| TOTAL   | \$141,962       | \$0                | \$13,500         | \$202,706       | \$0                            | \$0              |  |  |

# Other Compensation:

|  | FY 2                             | 019 Actual Expendi                                   | tures   | FY 202                           | 0 Estimated Expen                                    | ditures  |
|--|----------------------------------|--|---|----------------------------------|--|--|
|  | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value of Compensation (not reflected in budget) | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value<br>of Compensation<br>(not reflected in<br>budget) |
| Housing  |                                  |  |   |                                  |  |  |
| Utilities  |                                  |  |   |                                  |  |  |
| Housing allowance (provided for private rent/lease/purchase) |                                  |  |   |                                  |  |  |
| Housekeeper  |                                  |  |   |                                  |  |  |
| Custodian, groundskeeper                                     |                                  |  |   |                                  |  |  |
| Insurance for personal property                              |                                  |  |   |                                  |  |  |
| Entertainment  |                                  |  |   |                                  |  |  |
| Automobile   | \$2,675                          |  |   | \$0                              |  |  |
| Automobile allowance (provided for private lease/purchase)   | \$776                            |  |   | \$0                              |  |  |
| Automobile repair/maintenance/mileage                        | \$375                            |  |   | \$0                              |  |  |
| Professional development                                     |                                  |  |   |                                  |  |  |
| Expense for spouse/family to attend meetings                 |                                  |  |   |                                  |  |  |
| Club/other memberships                                       |                                  |  |   |                                  |  |  |
| Other (please specify)                                       |                                  |  |   |                                  |  |  |
| Cell Phone   | \$1,200                          |  |   | \$1,200                          |  |  |
| TOTAL  | \$5,026                          | \$0  | \$0   | \$1,200                          | \$0  | ŚC   |

Name: Jeffery C. Lashley

Institution: Moberly Area Community College

Phone: Ann Parks

Contact Person: 660 263 4100 ext. 11272

# **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

|   | FY 20           | )19 Actual Expend                  | tures            | FY 202          | 0 Estimated Expen                  | ditures          |
|---|-----------------|------------------------------------|------------------|-----------------|------------------------------------|------------------|
|   | Institutional   | Private Funds<br>(e.g. Institution | Amount Above     | Institutional   | Private Funds<br>(e.g. Institution | Amount Above     |
|   | Operating Funds | Foundations)                       | Standard Benefit | Operating Funds | Foundations)                       | Standard Benefit |
| Base salary                                       | \$191,820       |                                    |                  | \$195,656       |                                    |                  |
| Medical/dental/vision insurance for self          | \$7,332         |                                    | \$912            | \$7,968         |                                    | \$996            |
| Medical/dental/vision insurance for spouse/family | \$12,072        |                                    | \$10,393         | \$13,104        |                                    | \$11,281         |
| Long-term disability for self                     | \$0             |                                    |                  | \$0             |                                    |                  |
| Deferred compensation                             | \$0             |                                    |                  | \$0             |                                    |                  |
| Retirement benefit                                | \$28,877        |                                    |                  | \$29,525        |                                    |                  |
| Other (please specify)                            |                 |                                    |                  |                 |                                    |                  |
| Basic life \$20,000, ADD \$20,000                 | \$28            |                                    | \$0              | \$28            |                                    | \$0              |
|   |                 |                                    |                  |                 |                                    |                  |
| Additional life insurance                         | Value           |                                    |                  |                 |                                    |                  |
| Annuity   | Value           |                                    |                  |                 |                                    |                  |
| TOTAL   | \$240,129       | \$0                                | \$11,305         | \$246,281       | \$0                                | \$12,277         |

# Other Compensation:

|   | FY 2                             | 019 Actual Expendi                                   | tures   | FY 202                           | 0 Estimated Expen                                    | ditures  |
|---|----------------------------------|--|---|----------------------------------|--|--|
|   | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value of Compensation (not reflected in budget) | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value<br>of Compensation<br>(not reflected in<br>budget) |
| Housing   |                                  |  |   |                                  |  |  |
| Utilities   |                                  |  |   |                                  |  |  |
| Housing allowance (provided for private rent/lease/purchase)          |                                  |  |   |                                  |  |  |
| Housekeeper   |                                  |  |   |                                  |  |  |
| Custodian, groundskeeper  |                                  |  |   |                                  |  |  |
| Insurance for personal property                                       |                                  |  |   |                                  |  |  |
| Entertainment   |                                  |  |   |                                  |  |  |
| Automobile Automobile allowance (provided for private lease/purchase) |                                  |  |   |                                  |  |  |
| Automobile repair/maintenance/mileage                                 |                                  |  |   |                                  |  |  |
| Professional development  |                                  |  |   |                                  |  |  |
| Expense for spouse/family to attend meetings                          |                                  |  |   |                                  |  |  |
| Club/other memberships  |                                  |  |   |                                  |  |  |
| Other (please specify)  |                                  |  |   |                                  |  |  |
| Cell Phone  | \$1,121                          |  |   | \$974                            |  |  |
| TOTAL   | \$1,121                          | \$0  | \$0   | \$974                            | \$0  | \$0  |

Name: Dr. Lenny Klaver

Institution: North Central Missouri College

Phone: Tyson Otto

Contact Person: <u>660-359-3948</u>, ext 1500

# **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

|   | FY 20                         | 019 Actual Expendi                                 | tures                            | FY 202                        | 0 Estimated Exper                                  | nditures                         |
|---|-------------------------------|--|----------------------------------|-------------------------------|--|----------------------------------|
|   | Institutional Operating Funds | Private Funds<br>(e.g. Institution<br>Foundations) | Amount Above<br>Standard Benefit | Institutional Operating Funds | Private Funds<br>(e.g. Institution<br>Foundations) | Amount Above<br>Standard Benefit |
| Base salary                                       | \$149,947                     | ,  |                                  | \$160,000                     | Í  |                                  |
| Medical/dental/vision insurance for self          | \$5,910                       |  |                                  | \$6,415                       |  |                                  |
| Medical/dental/vision insurance for spouse/family |                               |  |                                  |                               |  |                                  |
| Long-term disability for self                     |                               |  |                                  |                               |  |                                  |
| Deferred compensation                             |                               |  |                                  |                               |  |                                  |
| Retirement benefit                                | \$22,599                      |  |                                  | \$24,130                      |  |                                  |
| Other (please specify)                            |                               |  |                                  |                               |  |                                  |
| Life Insurnace                                    | \$114                         |  |                                  | \$114                         |  |                                  |
|   |                               |  |                                  |                               |  |                                  |
| Additional life insurance                         | \$50,000                      |  |                                  |                               |  |                                  |
| Annuity   | Value                         |  |                                  |                               |  |                                  |
| TOTAL   | \$178,570                     | \$0  | \$0                              | \$190,659                     | \$0  | \$0                              |

# Other Compensation:

|  | FY 20                            | 019 Actual Expendi                                   | tures   | FY 202                           | FY 2020 Estimated Expenditures                       |  |  |
|--|----------------------------------|--|---|----------------------------------|--|--|--|
|  | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value of Compensation (not reflected in budget) | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value<br>of Compensation<br>(not reflected in<br>budget) |  |
| Housing  |                                  |  |   |                                  |  |  |  |
| Utilities  |                                  |  |   |                                  |  |  |  |
| Housing allowance (provided for private rent/lease/purchase) |                                  |  |   |                                  |  |  |  |
| Housekeeper  |                                  |  |   |                                  |  |  |  |
| Custodian, groundskeeper                                     |                                  |  |   |                                  |  |  |  |
| Insurance for personal property                              |                                  |  |   |                                  |  |  |  |
| Entertainment  |                                  | \$1,200  |   |                                  | \$1,200  |  |  |
| Automobile   |                                  |  |   |                                  |  |  |  |
| Automobile allowance (provided for private lease/purchase)   | \$11,000                         |  |   | \$11,000                         |  |  |  |
| Automobile repair/maintenance/mileage                        | \$13,997                         |  |   | \$14,000                         |  |  |  |
| Professional development                                     |                                  |  |   | \$1,500                          |  |  |  |
| Expense for spouse/family to attend meetings                 |                                  |  |   |                                  |  |  |  |
| Club/other memberships                                       | \$446                            |  |   | \$1,000                          |  |  |  |
| Other (please specify)                                       |                                  |  |   |                                  |  |  |  |
| Phone Stipend  | \$720                            |  |   | \$720                            |  |  |  |
|  |                                  |  |   |                                  |  |  |  |
| TOTAL  | \$26,163                         | \$1,200  | \$0   | \$28,220                         | \$1,200  | \$0  |  |

Name: Dr. Hal Higdon

Institution: Ozarks Technical Community College

Phone: 417-447-4837

Contact Person: Marla Moody

# **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

|   | FY 20                         | 019 Actual Expendi                                 | tures                            | FY 202                        | 0 Estimated Expen                                  | ditures                          |
|---|-------------------------------|--|----------------------------------|-------------------------------|--|----------------------------------|
|   | Institutional Operating Funds | Private Funds<br>(e.g. Institution<br>Foundations) | Amount Above<br>Standard Benefit | Institutional Operating Funds | Private Funds<br>(e.g. Institution<br>Foundations) | Amount Above<br>Standard Benefit |
| Base salary                                       | \$277,914                     | · · ·  |                                  | \$283,472                     | · canaanono,                                       |                                  |
| Medical/dental/vision insurance for self          | \$6,934                       |  |                                  | \$7,154                       |  |                                  |
| Medical/dental/vision insurance for spouse/family |                               |  |                                  |                               |  |                                  |
| Long-term disability for self                     | \$130                         |  |                                  | \$108                         |  |                                  |
| Deferred compensation                             |                               |  |                                  |                               |  |                                  |
| Retirement benefit                                | \$39,875                      |  |                                  | \$40,600                      |  |                                  |
| Other (please specify)                            |                               |  |                                  |                               |  |                                  |
| Group Term Life Insurance                         | \$102                         |  |                                  | \$102                         |  |                                  |
| Health and Wellness Center                        | \$624                         |  |                                  | \$624                         |  |                                  |
| 403b  | \$23,230                      |  | \$23,230                         | \$23,230                      |  | \$23,230                         |
| Additional life insurance                         | Value                         |  |                                  |                               |  |                                  |
| Annuity   | Value                         |  |                                  |                               |  |                                  |
| TOTAL   | \$348,809                     | \$0  | \$23,230                         | \$355,290                     | \$0  | \$23,230                         |

# Other Compensation:

|  | FY 20                            | 019 Actual Expendi                                   | tures  | FY 202                           | FY 2020 Estimated Expenditures                       |  |  |
|--|----------------------------------|--|--|----------------------------------|--|--|--|
|  | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value<br>of Compensation<br>(not reflected in<br>budget) | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value<br>of Compensation<br>(not reflected in<br>budget) |  |
| Housing  |                                  |  |  |                                  |  |  |  |
| Utilities  |                                  |  |  |                                  |  |  |  |
| Housing allowance (provided for private rent/lease/purchase) |                                  |  |  |                                  |  |  |  |
| Housekeeper  |                                  |  |  |                                  |  |  |  |
| Custodian, groundskeeper                                     |                                  |  |  |                                  |  |  |  |
| Insurance for personal property                              |                                  |  |  |                                  |  |  |  |
| Entertainment  |                                  |  |  |                                  |  |  |  |
| Automobile   |                                  |  |  |                                  |  |  |  |
| Automobile allowance (provided for private lease/purchase)   | \$12,120                         |  |  | \$12,120                         |  |  |  |
| Automobile repair/maintenance/mileage                        | \$1,919                          |  |  | \$1,777                          |  |  |  |
| Professional development                                     |                                  |  |  |                                  |  |  |  |
| Expense for spouse/family to attend meetings                 |                                  |  |  |                                  |  |  |  |
| Club/other memberships                                       |                                  |  |  |                                  |  |  |  |
| Other (please specify)                                       |                                  |  |  |                                  |  |  |  |
|  |                                  |  |  |                                  |  |  |  |
|  |                                  |  |  |                                  |  |  |  |
| TOTAL  | \$14,039                         | \$0  | \$0  | \$13,897                         | \$0  | \$0  |  |

Name: Dr. Cliff Davis

Institution: Ozarks Technical Community College

Phone: 417-447-4837

Contact Person: Marla Moody

# **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

|   | FY 20           | )19 Actual Expendi | tures            | FY 202          | 0 Estimated Exper | ditures          |
|---|-----------------|--------------------|------------------|-----------------|-------------------|------------------|
|   |                 | Private Funds      |                  |                 | Private Funds     |                  |
|   | Institutional   | (e.g. Institution  | Amount Above     | Institutional   | (e.g. Institution | Amount Above     |
|   | Operating Funds | Foundations)       | Standard Benefit | Operating Funds | Foundations)      | Standard Benefit |
| Base salary                                       | \$140,067       |                    |                  | \$142,868       |                   |                  |
| Medical/dental/vision insurance for self          | \$6,934         |                    |                  | \$7,154         |                   |                  |
| Medical/dental/vision insurance for spouse/family |                 |                    |                  |                 |                   |                  |
| Long-term disability for self                     | \$130           |                    |                  | \$108           |                   |                  |
| Deferred compensation                             |                 |                    |                  |                 |                   |                  |
| Retirement benefit                                | \$21,315        |                    |                  | \$21,753        |                   |                  |
| Other (please specify)                            |                 |                    |                  |                 |                   |                  |
| Group Term Life Insurance                         | \$102           |                    |                  | \$102           |                   |                  |
| Health and Wellness Center                        | \$624           |                    |                  | \$624           |                   |                  |
| Additional life insurance                         | Value           |                    |                  |                 |                   |                  |
|   | 7 4.74.0        |                    |                  |                 |                   |                  |
| Annuity   | Value           |                    |                  |                 |                   |                  |
|   |                 |                    |                  |                 |                   |                  |
| TOTAL   | \$169,172       | \$0                | \$0              | \$172,609       | \$0               | \$0              |

# Other Compensation:

|  | FY 20                            | 019 Actual Expendi                                   | tures   | FY 202                           | 0 Estimated Expen                                    | ditures  |
|--|----------------------------------|--|---|----------------------------------|--|--|
|  | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value of Compensation (not reflected in budget) | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value<br>of Compensation<br>(not reflected in<br>budget) |
| Housing  |                                  |  |   |                                  |  |  |
| Utilities  |                                  |  |   |                                  |  |  |
| Housing allowance (provided for private rent/lease/purchase) |                                  |  |   |                                  |  |  |
| Housekeeper  |                                  |  |   |                                  |  |  |
| Custodian, groundskeeper                                     |                                  |  |   |                                  |  |  |
| Insurance for personal property                              |                                  |  |   |                                  |  |  |
| Entertainment  |                                  |  |   |                                  |  |  |
| Automobile   |                                  |  |   |                                  |  |  |
| Automobile allowance (provided for private lease/purchase)   | \$9,600                          |  |   | \$9,600                          |  |  |
| Automobile repair/maintenance/mileage                        | \$2,920                          |  |   | \$1,519                          |  |  |
| Professional development                                     |                                  |  |   |                                  |  |  |
| Expense for spouse/family to attend meetings                 |                                  |  |   |                                  |  |  |
| Club/other memberships                                       |                                  |  |   |                                  |  |  |
| Other (please specify)                                       |                                  |  |   |                                  |  |  |
|  |                                  |  |   |                                  |  |  |
|  |                                  |  |   |                                  |  |  |
| TOTAL  | \$12,520                         | \$0  | \$0   | \$11,119                         | \$0  | \$0  |

Name: Dr. Jeffrey Jochems

Institution: Ozarks Technical Community College

Phone: 417-447-4837

Contact Person: Marla Moody

# **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

|   | FY 20           | )19 Actual Expendi | tures            | FY 202          | 0 Estimated Expen | ditures          |
|---|-----------------|--------------------|------------------|-----------------|-------------------|------------------|
|   |                 | Private Funds      |                  |                 | Private Funds     |                  |
|   | Institutional   | (e.g. Institution  | Amount Above     | Institutional   | (e.g. Institution | Amount Above     |
|   | Operating Funds | Foundations)       | Standard Benefit | Operating Funds | Foundations)      | Standard Benefit |
| Base salary                                       | \$140,067       |                    |                  | \$142,868       |                   |                  |
| Medical/dental/vision insurance for self          | \$7,238         |                    |                  | \$7,370         |                   |                  |
| Medical/dental/vision insurance for spouse/family |                 |                    |                  |                 |                   |                  |
| Long-term disability for self                     | \$130           |                    |                  | \$108           |                   |                  |
| Deferred compensation                             |                 |                    |                  |                 |                   |                  |
| Retirement benefit                                | \$21,359        |                    |                  | \$21,785        |                   |                  |
| Other (please specify)                            |                 |                    |                  |                 |                   |                  |
| Group Term Life Insurance                         | \$102           |                    |                  | \$102           |                   |                  |
| Health and Wellness Center                        | \$624           |                    |                  | \$624           |                   |                  |
| Additional life insurance                         | Value           |                    |                  |                 |                   |                  |
| Additional me insurance                           | Value           |                    |                  |                 |                   |                  |
| Annuity   | Value           |                    |                  |                 |                   |                  |
|   |                 |                    |                  |                 |                   |                  |
|   |                 |                    |                  |                 |                   |                  |
| TOTAL   | \$169,520       | \$0                | \$0              | \$172,857       | \$0               | \$0              |

# Other Compensation:

|  | FY 20                            | 019 Actual Expendi                                   | tures  | FY 2020 Estimated Expenditures   |  |  |
|--|----------------------------------|--|--|----------------------------------|--|--|
|  | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value<br>of Compensation<br>(not reflected in<br>budget) | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value<br>of Compensation<br>(not reflected in<br>budget) |
| Housing  |                                  |  |  |                                  |  |  |
| Utilities  |                                  |  |  |                                  |  |  |
| Housing allowance (provided for private rent/lease/purchase) |                                  |  |  |                                  |  |  |
| Housekeeper  |                                  |  |  |                                  |  |  |
| Custodian, groundskeeper                                     |                                  |  |  |                                  |  |  |
| Insurance for personal property                              |                                  |  |  |                                  |  |  |
| Entertainment  |                                  |  |  |                                  |  |  |
| Automobile   |                                  |  |  |                                  |  |  |
| Automobile allowance (provided for private lease/purchase)   |                                  |  |  |                                  |  |  |
| Automobile repair/maintenance/mileage                        | \$2,841                          |  |  | \$1,142                          |  |  |
| Professional development                                     |                                  |  |  |                                  |  |  |
| Expense for spouse/family to attend meetings                 |                                  |  |  |                                  |  |  |
| Club/other memberships                                       |                                  |  |  |                                  |  |  |
| Other (please specify)                                       |                                  |  |  |                                  |  |  |
|  |                                  |  |  |                                  |  |  |
|  |                                  |  |  |                                  |  |  |
| TOTAL  | \$2,841                          | \$0  | \$0  | \$1,142                          | \$0  | \$(  |

Name: Barbara Kavalier

Institution: St. Charles Community College

Phone: 636-922-8000
Contact Person: Jessica Trimborn

### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

|   | FY 20           | 019 Actual Expendi | tures            | FY 2020 Estimated Expenditures |                   |                  |  |
|---|-----------------|--------------------|------------------|--------------------------------|-------------------|------------------|--|
|   |                 | Private Funds      |                  |                                | Private Funds     |                  |  |
|   | Institutional   | (e.g. Institution  | Amount Above     | Institutional                  | (e.g. Institution | Amount Above     |  |
|   | Operating Funds | Foundations)       | Standard Benefit | Operating Funds                | Foundations)      | Standard Benefit |  |
| Base salary                                       | \$231,336       |                    |                  | \$235,963                      |                   |                  |  |
| Medical/dental/vision insurance for self          | \$7,925         |                    | \$1,352          | \$7,760                        |                   | \$1,323          |  |
| Medical/dental/vision insurance for spouse/family |                 |                    |                  |                                |                   |                  |  |
| Long-term disability for self                     |                 |                    | \$862            |                                |                   | \$900            |  |
| Deferred compensation                             |                 |                    |                  |                                |                   |                  |  |
| Retirement benefit                                | \$34,888        |                    |                  | \$35,370                       |                   |                  |  |
| Other (please specify) Life Insurance             | \$204           |                    |                  | \$211                          |                   |                  |  |
| Supplemental Life Insurance                       |                 |                    | \$122            |                                |                   | \$447            |  |
| Short Term Disability                             |                 |                    | \$318            |                                |                   | \$636            |  |
| Identity Theft Protection                         |                 |                    | \$48             |                                |                   | \$95             |  |
| Critical Illness                                  |                 |                    |                  |                                |                   | \$518            |  |
| Hospital Indemnity                                |                 |                    |                  |                                |                   | \$92             |  |
| Legal Plan  |                 |                    |                  |                                |                   | \$144            |  |
| Additional life insurance                         | \$30,000        |                    |                  |                                |                   |                  |  |
|   |                 |                    |                  |                                |                   |                  |  |
| Annuity   | Value           |                    |                  |                                |                   |                  |  |
|   |                 |                    |                  |                                |                   |                  |  |
|   |                 |                    |                  |                                |                   |                  |  |
| TOTAL   | \$274,353       | \$0                | \$2,702          | \$279,304                      | \$0               | \$4,155          |  |

# Other Compensation:

|  | FY 20                            | 019 Actual Expendi                                   | tures   | FY 202                           | FY 2020 Estimated Expenditures                       |   |  |
|--|----------------------------------|--|---|----------------------------------|--|---|--|
|  | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value of Compensation (not reflected in budget) | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value of Compensation (not reflected in budget) |  |
| Housing  |                                  |  |   |                                  |  |   |  |
| Utilities  |                                  |  |   |                                  |  |   |  |
| Housing allowance (provided for private rent/lease/purchase) |                                  |  |   |                                  |  |   |  |
| Housekeeper  |                                  |  |   |                                  |  |   |  |
| Custodian, groundskeeper                                     |                                  |  |   |                                  |  |   |  |
| Insurance for personal property                              |                                  |  |   |                                  |  |   |  |
| Entertainment  |                                  |  |   |                                  |  |   |  |
| Automobile   |                                  |  |   |                                  |  |   |  |
| Automobile allowance (provided for private lease/purchase)   | \$8,400                          |  |   | \$8,400                          |  |   |  |
| Automobile repair/maintenance/mileage                        |                                  |  |   |                                  |  |   |  |
| Professional development                                     |                                  |  |   |                                  |  |   |  |
| Expense for spouse/family to attend meetings                 |                                  |  |   |                                  |  |   |  |
| Club/other memberships                                       |                                  |  |   |                                  |  |   |  |
| Other (please specify)                                       |                                  |  |   |                                  |  |   |  |
| Business Allowance   | \$1,560                          |  |   | \$1,560                          |  |   |  |
|  |                                  |  |   |                                  |  |   |  |
| TOTAL  | \$9,960                          | \$0  | \$0   | \$9,960                          | \$0  | \$0   |  |

Name: Jeff L. Pittman, Chancellor
Institution: St Louis Community College
Contact Person: Ron Portman, Payroll Supervisor
Phone: 314-539-5208

### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

|   | FY 2            | 019 Actual Expendit | ures             | FY 202              | FY 2020 Estimated Expenditures |                  |  |  |
|---|-----------------|---------------------|------------------|---------------------|--------------------------------|------------------|--|--|
|   |                 | Private Funds (e.g. |                  | Private Funds (e.g. |                                |                  |  |  |
|   | Institutional   | Institution         | Amount Above     | Institutional       | Institution                    | Amount Above     |  |  |
|   | Operating Funds | Foundations)        | Standard Benefit | Operating Funds     | Foundations)                   | Standard Benefit |  |  |
| Base salary                                       | \$315,531       |                     |                  | \$330,518           |                                |                  |  |  |
| Medical/dental/vision insurance for self          | \$41            |                     |                  | \$41                |                                |                  |  |  |
| Medical/dental/vision insurance for spouse/family | \$33            |                     |                  | \$33                |                                |                  |  |  |
| Long-term disability for self                     | \$299           |                     |                  | \$299               |                                |                  |  |  |
| Deferred compensation                             |                 |                     |                  |                     |                                |                  |  |  |
| Retirement benefit                                | \$39,775        |                     |                  | \$41,353            |                                |                  |  |  |
| Other (please specify)                            |                 |                     |                  |                     |                                |                  |  |  |
| 403(b)  |                 |                     | \$18,000         |                     |                                | \$18,000         |  |  |
|   |                 |                     |                  |                     |                                |                  |  |  |
| Additional life insurance                         | Value           |                     |                  |                     |                                |                  |  |  |
| Annuity   | Value           |                     |                  |                     |                                |                  |  |  |
| TOTAL   | \$355,679       | \$0                 | \$18,000         | \$372,244           | \$0                            | \$18,000         |  |  |

# Other Compensation:

|  | FY 2                          | 019 Actual Expendit                                  | tures   | FY 202                           | FY 2020 Estimated Expenditures                       |  |  |
|--|-------------------------------|--|---|----------------------------------|--|--|--|
|  | Institutional Operating Funds | Private Funds (e.g.<br>Institutional<br>Foundations) | Estimated Value of Compensation (not reflected in budget) | Institutional<br>Operating Funds | Private Funds (e.g.<br>Institutional<br>Foundations) | Estimated Value<br>of Compensation<br>(not reflected in<br>budget) |  |
| Housing  | \$24,000                      |  |   | \$24,000                         |  |  |  |
| Utilities Housing allowance (provided for private rent/lease/purchase) |                               |  |   |                                  |  |  |  |
| Housekeeper  |                               |  |   |                                  |  |  |  |
| Custodian, groundskeeper   |                               |  |   |                                  |  |  |  |
| Insurance for personal property  |                               |  |   |                                  |  |  |  |
| Entertainment  |                               |  |   |                                  |  |  |  |
| Automobile Automobile allowance (provided for private lease/purchase)  | \$11,100                      |  |   | \$11,100                         |  |  |  |
| Automobile repair/maintenance/mileage                                  |                               |  |   |                                  |  |  |  |
| Professional development   |                               |  |   |                                  |  |  |  |
| Expense for spouse/family to attend meetings                           |                               |  |   |                                  |  |  |  |
| Club/other memberships   |                               |  |   |                                  |  |  |  |
| Other (please specify)   |                               |  |   |                                  |  |  |  |
|  |                               |  |   |                                  |  |  |  |
| TOTAL  | \$35,100                      | \$0  | \$0   | \$35,100                         | \$0  | \$0  |  |

Name: Elizabeth Perkins, Florissant Valley Campus President - new title, started July 2019

Institution: St Louis Community College

Contact Person: Ron Portman, Payroll Supervisor

Phone: <u>314-539-5208</u>

### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

|   | FY 2            | 019 Actual Expendit | ures             | FY 202          | 20 Estimated Expen  | ditures          |
|---|-----------------|---------------------|------------------|-----------------|---------------------|------------------|
|   |                 | Private Funds (e.g. |                  |                 | Private Funds (e.g. |                  |
|   | Institutional   | Institution         | Amount Above     | Institutional   | Institution         | Amount Above     |
|   | Operating Funds | Foundations)        | Standard Benefit | Operating Funds | Foundations)        | Standard Benefit |
| Base salary                                       |                 |                     |                  | \$156,908       |                     |                  |
| Medical/dental/vision insurance for self          |                 |                     |                  | \$8,054         |                     |                  |
| Medical/dental/vision insurance for spouse/family |                 |                     |                  | \$4,776         |                     |                  |
| Long-term disability for self                     |                 |                     |                  | \$299           |                     |                  |
| Deferred compensation                             |                 |                     |                  |                 |                     |                  |
| Retirement benefit                                |                 |                     |                  | \$23,919        |                     |                  |
| Other (please specify)                            |                 |                     |                  |                 |                     |                  |
|   |                 |                     |                  |                 |                     |                  |
|   |                 |                     |                  |                 |                     |                  |
| Additional life insurance                         | Value           |                     |                  |                 |                     |                  |
| Annuity   | Value           |                     |                  |                 |                     |                  |
| TOTAL   | \$0             | \$0                 | \$0              | \$193,956       | \$0                 | \$0              |

# Other Compensation:

|  | FY 2                             | 019 Actual Expendit                                  | ures  | FY 2020 Estimated Expenditures   |  |   |
|--|----------------------------------|--|---|----------------------------------|--|---|
|  | Institutional<br>Operating Funds | Private Funds (e.g.<br>Institutional<br>Foundations) | Estimated Value of Compensation (not reflected in budget) | Institutional<br>Operating Funds | Private Funds (e.g.<br>Institutional<br>Foundations) | Estimated Value of Compensation (not reflected in budget) |
| Housing  |                                  |  |   |                                  |  |   |
| Utilities Housing allowance (provided for private rent/lease/purchase) |                                  |  |   |                                  |  |   |
| Housekeeper  |                                  |  |   |                                  |  |   |
| Custodian, groundskeeper   |                                  |  |   |                                  |  |   |
| Insurance for personal property  |                                  |  |   |                                  |  |   |
| Entertainment  |                                  |  |   |                                  |  |   |
| Automobile Automobile allowance (provided for private lease/purchase)  |                                  |  |   |                                  |  |   |
| Automobile repair/maintenance/mileage Professional development         |                                  |  |   |                                  |  |   |
| Expense for spouse/family to attend meetings Club/other memberships    |                                  |  |   |                                  |  |   |
| Other (please specify)   |                                  |  |   |                                  |  |   |
|  |                                  |  |   |                                  |  |   |
| TOTAL  | \$0                              | \$0  | \$0   | \$0                              | \$0  | \$0   |

Name: Julie Fickas, Forest Park Campus President - new title, started July 2019

Institution: St Louis Community College

Contact Person: Ron Portman, Payroll Supervisor

Phone: <u>314-539-5208</u>

### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

|   | FY 2            | 019 Actual Expendit | ures             | FY 202          | FY 2020 Estimated Expenditures |                  |  |  |
|---|-----------------|---------------------|------------------|-----------------|--------------------------------|------------------|--|--|
|   |                 | Private Funds (e.g. |                  |                 | Private Funds (e.g.            |                  |  |  |
|   | Institutional   | Institution         | Amount Above     | Institutional   | Institution                    | Amount Above     |  |  |
|   | Operating Funds | Foundations)        | Standard Benefit | Operating Funds | Foundations)                   | Standard Benefit |  |  |
| Base salary                                       |                 |                     |                  | \$154,257       |                                |                  |  |  |
| Medical/dental/vision insurance for self          |                 |                     |                  | \$8,012         |                                |                  |  |  |
| Medical/dental/vision insurance for spouse/family |                 |                     |                  | \$4,917         |                                |                  |  |  |
| Long-term disability for self                     |                 |                     |                  | \$299           |                                |                  |  |  |
| Deferred compensation                             |                 |                     |                  |                 |                                |                  |  |  |
| Retirement benefit                                |                 |                     |                  | \$23,529        |                                |                  |  |  |
| Other (please specify)                            |                 |                     |                  |                 |                                |                  |  |  |
|   |                 |                     |                  |                 |                                |                  |  |  |
|   |                 |                     |                  |                 |                                |                  |  |  |
| Additional life insurance                         | Value           |                     |                  |                 |                                |                  |  |  |
| Annuity   | Value           |                     |                  |                 |                                |                  |  |  |
| TOTAL   | \$0             | \$0                 | \$0              | \$191,014       | \$0                            | \$0              |  |  |

# Other Compensation:

|  | FY 2                             | 019 Actual Expendit                                  | ures  | FY 2020 Estimated Expenditures   |  |   |
|--|----------------------------------|--|---|----------------------------------|--|---|
|  | Institutional<br>Operating Funds | Private Funds (e.g.<br>Institutional<br>Foundations) | Estimated Value of Compensation (not reflected in budget) | Institutional<br>Operating Funds | Private Funds (e.g.<br>Institutional<br>Foundations) | Estimated Value of Compensation (not reflected in budget) |
| Housing  |                                  |  |   |                                  |  |   |
| Utilities Housing allowance (provided for private rent/lease/purchase) |                                  |  |   |                                  |  |   |
| Housekeeper  |                                  |  |   |                                  |  |   |
| Custodian, groundskeeper   |                                  |  |   |                                  |  |   |
| Insurance for personal property  |                                  |  |   |                                  |  |   |
| Entertainment  |                                  |  |   |                                  |  |   |
| Automobile Automobile allowance (provided for private lease/purchase)  |                                  |  |   |                                  |  |   |
| Automobile repair/maintenance/mileage Professional development         |                                  |  |   |                                  |  |   |
| Expense for spouse/family to attend meetings Club/other memberships    |                                  |  |   |                                  |  |   |
| Other (please specify)   |                                  |  |   |                                  |  |   |
|  |                                  |  |   |                                  |  |   |
| TOTAL  | \$0                              | \$0  | \$0   | \$0                              | \$0  | \$0   |

Name: Felecia Moore-Davis, Meramec Campus President - new title, started July 2019

Institution: St Louis Community College

Contact Person: Ron Portman, Payroll Supervisor

Phone: <u>314-539-5208</u>

### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

|   | FY 2            | 019 Actual Expendit | ures             | FY 202          | FY 2020 Estimated Expenditures |                  |  |  |
|---|-----------------|---------------------|------------------|-----------------|--------------------------------|------------------|--|--|
|   |                 | Private Funds (e.g. |                  |                 | Private Funds (e.g.            |                  |  |  |
|   | Institutional   | Institution         | Amount Above     | Institutional   | Institution                    | Amount Above     |  |  |
|   | Operating Funds | Foundations)        | Standard Benefit | Operating Funds | Foundations)                   | Standard Benefit |  |  |
| Base salary                                       |                 |                     |                  | \$141,167       |                                |                  |  |  |
| Medical/dental/vision insurance for self          |                 |                     |                  | \$399           |                                |                  |  |  |
| Medical/dental/vision insurance for spouse/family |                 |                     |                  | \$406           |                                |                  |  |  |
| Long-term disability for self                     |                 |                     |                  |                 |                                |                  |  |  |
| Deferred compensation                             |                 |                     |                  |                 |                                |                  |  |  |
| Retirement benefit                                |                 |                     |                  | \$21,534        |                                |                  |  |  |
| Other (please specify)                            |                 |                     |                  |                 |                                |                  |  |  |
|   |                 |                     |                  |                 |                                |                  |  |  |
|   |                 |                     |                  |                 |                                |                  |  |  |
| Additional life insurance                         | Value           |                     |                  |                 |                                |                  |  |  |
| Annuity   | Value           |                     |                  |                 |                                |                  |  |  |
| TOTAL   | \$0             | \$0                 | \$0              | \$163,506       | \$0                            | \$0              |  |  |

# Other Compensation:

|  | FY 2                             | 019 Actual Expendit                                  | ures  | FY 2020 Estimated Expenditures   |  |   |
|--|----------------------------------|--|---|----------------------------------|--|---|
|  | Institutional<br>Operating Funds | Private Funds (e.g.<br>Institutional<br>Foundations) | Estimated Value of Compensation (not reflected in budget) | Institutional<br>Operating Funds | Private Funds (e.g.<br>Institutional<br>Foundations) | Estimated Value of Compensation (not reflected in budget) |
| Housing  |                                  |  |   |                                  |  |   |
| Utilities Housing allowance (provided for private rent/lease/purchase) |                                  |  |   |                                  |  |   |
| Housekeeper  |                                  |  |   |                                  |  |   |
| Custodian, groundskeeper   |                                  |  |   |                                  |  |   |
| Insurance for personal property  |                                  |  |   |                                  |  |   |
| Entertainment  |                                  |  |   |                                  |  |   |
| Automobile Automobile allowance (provided for private lease/purchase)  |                                  |  |   |                                  |  |   |
| Automobile repair/maintenance/mileage Professional development         |                                  |  |   |                                  |  |   |
| Expense for spouse/family to attend meetings Club/other memberships    |                                  |  |   |                                  |  |   |
| Other (please specify)   |                                  |  |   |                                  |  |   |
|  |                                  |  |   |                                  |  |   |
| TOTAL  | \$0                              | \$0  | \$0   | \$0                              | \$0  | \$0   |

Name: Carol Lupardus, Wildwood Campus President - new title, started July 2019

Institution: St Louis Community College

Contact Person: Ron Portman, Payroll Supervisor

Phone: <u>314-539-5208</u>

### **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

|   | FY 2            | 019 Actual Expendit | ures             | FY 202          | 20 Estimated Expen  | ditures          |
|---|-----------------|---------------------|------------------|-----------------|---------------------|------------------|
|   |                 | Private Funds (e.g. |                  |                 | Private Funds (e.g. |                  |
|   | Institutional   | Institution         | Amount Above     | Institutional   | Institution         | Amount Above     |
|   | Operating Funds | Foundations)        | Standard Benefit | Operating Funds | Foundations)        | Standard Benefit |
| Base salary                                       |                 |                     |                  | \$146,880       |                     |                  |
| Medical/dental/vision insurance for self          |                 |                     |                  | \$8,054         |                     |                  |
| Medical/dental/vision insurance for spouse/family |                 |                     |                  | \$411           |                     |                  |
| Long-term disability for self                     |                 |                     |                  | \$299           |                     |                  |
| Deferred compensation                             |                 |                     |                  |                 |                     |                  |
| Retirement benefit                                |                 |                     |                  | \$22,465        |                     |                  |
| Other (please specify)                            |                 |                     |                  |                 |                     |                  |
|   |                 |                     |                  |                 |                     |                  |
|   |                 |                     |                  |                 |                     |                  |
| Additional life insurance                         | Value           |                     |                  |                 |                     |                  |
| Annuity   | Value           |                     |                  |                 |                     |                  |
| TOTAL   | \$0             | \$0                 | \$0              | \$178,109       | \$0                 | \$0              |

# Other Compensation:

|   | FY 2                             | 019 Actual Expendit                                  | ures   | FY 2020 Estimated Expenditures   |  |  |
|---|----------------------------------|--|--|----------------------------------|--|--|
|   | Institutional<br>Operating Funds | Private Funds (e.g.<br>Institutional<br>Foundations) | Estimated Value<br>of Compensation<br>(not reflected in<br>budget) | Institutional<br>Operating Funds | Private Funds (e.g.<br>Institutional<br>Foundations) | Estimated Value<br>of Compensation<br>(not reflected in<br>budget) |
| Housing   |                                  |  |  |                                  |  |  |
| Utilities   |                                  |  |  |                                  |  |  |
| Housing allowance (provided for private rent/lease/purchase)          |                                  |  |  |                                  |  |  |
| Housekeeper   |                                  |  |  |                                  |  |  |
| Custodian, groundskeeper  |                                  |  |  |                                  |  |  |
| Insurance for personal property                                       |                                  |  |  |                                  |  |  |
| Entertainment   |                                  |  |  |                                  |  |  |
| Automobile Automobile allowance (provided for private lease/purchase) |                                  |  |  |                                  |  |  |
| Automobile repair/maintenance/mileage                                 |                                  |  |  |                                  |  |  |
| Professional development  |                                  |  |  |                                  |  |  |
| Expense for spouse/family to attend meetings                          |                                  |  |  |                                  |  |  |
| Club/other memberships  |                                  |  |  |                                  |  |  |
| Other (please specify)  |                                  |  |  |                                  |  |  |
|   |                                  |  |  |                                  |  |  |
| TOTAL   | \$0                              | \$0  | \$0  | \$0                              | \$0  | \$0  |

Name: <u>Dr. Joanna Anderson</u>
Institution: State Fair Community College

Phone: 660-596-7223

Contact Person: Keith Acuff

# **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

| FY 2019 Actual Expenditures |  |  | FY 2020 Estimated Expenditures  |  |  |  |
|-----------------------------|--|--|---|--|--|--|
| Institutional               | Private Funds (e.g. Institution  | Amount Above   | Institutional   | Private Funds (e.g. Institution  | Amount Above   |  |
|                             | Foundations)   | Standard Benefit   |   |  | Standard Benefit   |  |
| \$173,364                   |  |  | \$8,063   |  |  |  |
|                             |  |  |   |  |  |  |
|                             |  |  |   |  |  |  |
|                             |  |  |   |  |  |  |
| \$26,246                    |  |  | \$26,784  |  |  |  |
| \$158                       |  |  | \$177   |  |  |  |
|                             |  |  |   |  |  |  |
| Value                       |  |  |   |  |  |  |
| Value                       |  |  |   |  |  |  |
| 4007.00                     | 4-   | 4-5  | 4044 555  | 4-   | \$0  |  |
|                             | Institutional Operating Funds \$173,364 \$7,644 \$26,246 \$158  Value  Value | Institutional Operating Funds (e.g. Institution Foundations) \$173,364 \$7,644 \$173,364 \$173,364 \$173,364 \$173,364 \$173,364 \$173,364 \$173,364 \$173,364 \$173,364 \$173,364 | Institutional Operating Funds (e.g. Institution Foundations)  \$173,364 \$7,644  \$26,246 \$158  Value  Value | Institutional Operating Funds (e.g. Institution Foundations)  \$173,364 \$176,658 \$176,658 \$8,063  \$7,644 \$158 \$158 \$177  Value  Value | Private Funds (e.g. Institution Foundations)   Amount Above Standard Benefit   Operating Funds   \$173,364   \$176,658   \$176,658   \$176,658   \$176,658   \$176,658   \$176,658   \$176,658   \$176,658   \$177 |  |

# Other Compensation:

|  | FY 2                             | 019 Actual Expendi                                   | tures  | FY 2020 Estimated Expenditures   |  |  |
|--|----------------------------------|--|--|----------------------------------|--|--|
|  | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value<br>of Compensation<br>(not reflected in<br>budget) | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value<br>of Compensation<br>(not reflected in<br>budget) |
| Housing  |                                  |  |  |                                  |  |  |
| Utilities  |                                  |  |  |                                  |  |  |
| Housing allowance (provided for private rent/lease/purchase) |                                  |  |  |                                  |  |  |
| Housekeeper  |                                  |  |  |                                  |  |  |
| Custodian, groundskeeper                                     |                                  |  |  |                                  |  |  |
| Insurance for personal property                              |                                  |  |  |                                  |  |  |
| Entertainment  |                                  |  |  |                                  |  |  |
| Automobile   | \$4,800                          |  |  | \$4,800                          |  |  |
| Automobile allowance (provided for private lease/purchase)   |                                  |  |  |                                  |  |  |
| Automobile repair/maintenance/mileage                        |                                  |  |  |                                  |  |  |
| Professional development                                     |                                  |  |  |                                  |  |  |
| Expense for spouse/family to attend meetings                 |                                  |  |  |                                  |  |  |
| Club/other memberships                                       |                                  |  |  |                                  |  |  |
| Other (please specify) Cell Phone Stipend                    | \$1,200                          |  |  | \$1,200                          |  |  |
|  |                                  |  |  |                                  |  |  |
|  |                                  |  |  |                                  |  |  |
| TOTAL  | \$6,000                          | \$0  | \$0  | \$6,000                          | \$0  | \$0  |

Name: Dr. Wesley Payne
Institution: Three Rivers College
Phone: 573-840-9105
Contact Person: Anita Freeman

# **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

|   | FY 2019 Actual Expenditures |                   |                  | FY 2020 Estimated Expenditures |                   |                  |  |
|---|-----------------------------|-------------------|------------------|--------------------------------|-------------------|------------------|--|
|   |                             | Private Funds     |                  |                                | Private Funds     |                  |  |
|   | Institutional               | (e.g. Institution | Amount Above     | Institutional                  | (e.g. Institution | Amount Above     |  |
|   | Operating Funds             | Foundations)      | Standard Benefit | Operating Funds                | Foundations)      | Standard Benefit |  |
| Base salary                                       | \$185,699                   |                   |                  | \$189,413                      |                   |                  |  |
| Medical/dental/vision insurance for self          | \$6,520                     |                   |                  | \$7,048                        |                   |                  |  |
| Medical/dental/vision insurance for spouse/family | \$0                         |                   |                  | \$0                            |                   |                  |  |
| Long-term disability for self                     | \$0                         |                   |                  | \$0                            |                   |                  |  |
| Deferred compensation                             | \$0                         |                   |                  | \$0                            |                   |                  |  |
| Retirement benefit                                | \$27,871                    |                   |                  | \$28,487                       |                   |                  |  |
| Other (please specify)                            |                             |                   |                  |                                |                   |                  |  |
|   |                             |                   |                  |                                |                   |                  |  |
| Additional life insurance                         | Value                       |                   |                  |                                |                   |                  |  |
| Additional me insurance                           | value                       |                   |                  |                                |                   |                  |  |
| Annuity   | Value                       |                   |                  |                                |                   |                  |  |
|   |                             |                   |                  |                                |                   |                  |  |
|   |                             |                   |                  |                                |                   |                  |  |
| TOTAL   | \$220,090                   | \$0               | \$0              | \$224,948                      | \$0               | \$0              |  |

# Other Compensation:

|   | FY 20                         | FY 2019 Actual Expenditures                          |  |                                  | FY 2020 Estimated Expenditures                       |   |  |  |
|---|-------------------------------|--|--|----------------------------------|--|---|--|--|
|   | Institutional Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value<br>of Compensation<br>(not reflected in<br>budget) | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value of Compensation (not reflected in budget) |  |  |
| Housing   | \$12,000                      |  |  | \$12,000                         |  |   |  |  |
| Utilities   |                               |  |  |                                  |  |   |  |  |
| Housing allowance (provided for private rent/lease/purchase)          |                               |  |  |                                  |  |   |  |  |
| Housekeeper   |                               |  |  |                                  |  |   |  |  |
| Custodian, groundskeeper  |                               |  |  |                                  |  |   |  |  |
| Insurance for personal property                                       |                               |  |  |                                  |  |   |  |  |
| Entertainment   |                               |  |  |                                  |  |   |  |  |
| Automobile Automobile allowance (provided for private lease/purchase) | \$4,804                       |  |  | \$6,000                          |  |   |  |  |
| Automobile repair/maintenance/mileage                                 |                               |  |  |                                  |  |   |  |  |
| Professional development  |                               |  |  |                                  |  |   |  |  |
| Expense for spouse/family to attend meetings                          |                               |  |  |                                  |  |   |  |  |
| Club/other memberships  |                               |  |  |                                  |  |   |  |  |
| Other (please specify)  |                               |  |  |                                  |  |   |  |  |
| Cell Phone  | \$1,169                       |  |  | \$984                            |  |   |  |  |
| TOTAL   | \$17,973                      | \$0  | \$0  | \$18,984                         | \$0  | \$0   |  |  |

# State Technical College

Name: Dr. Shawn Strong

Institution: State Technical College of Missouri

Phone: 573-897-5147
Contact Person: Jenny Jacobs

# **Direct Compensation:**

All items should be annual dollar amounts. For benefits included in the compensation package for the president/chancellor which exceed those provided for all other employees (other than base salary) indicate the amount of the extra compensation in the specified column.

|   | FY 2019 Actual Expenditures |                   |                  | FY 2020 Estimated Expenditures |                   |                  |  |
|---|-----------------------------|-------------------|------------------|--------------------------------|-------------------|------------------|--|
|   |                             | Private Funds     |                  |                                | Private Funds     |                  |  |
|   | Institutional               | (e.g. Institution | Amount Above     | Institutional                  | (e.g. Institution | Amount Above     |  |
|   | Operating Funds             | Foundations)      | Standard Benefit | Operating Funds                | Foundations)      | Standard Benefit |  |
| Base salary                                       | \$180,000                   |                   |                  | \$190,800                      |                   |                  |  |
| Medical/dental/vision insurance for self          | \$6,903                     |                   |                  | \$7,679                        |                   |                  |  |
| Medical/dental/vision insurance for spouse/family | \$0                         |                   |                  | \$0                            |                   |                  |  |
| Long-term disability for self                     | \$990                       |                   |                  | \$1,049                        |                   |                  |  |
| Deferred compensation                             |                             |                   |                  |                                |                   |                  |  |
| Retirement benefit                                | \$36,378                    |                   |                  | \$41,537                       |                   |                  |  |
| Other (please specify)                            |                             |                   |                  |                                |                   |                  |  |
|   |                             |                   |                  |                                |                   |                  |  |
| Additional life insurance                         | Value                       |                   |                  |                                |                   |                  |  |
|   |                             |                   |                  |                                |                   |                  |  |
| Annuity   | Value                       |                   |                  |                                |                   |                  |  |
|   |                             |                   |                  |                                |                   |                  |  |
| TOTAL   | 6224.274                    | 60                | 60               | ¢244.065                       | 60                | 60               |  |
| TOTAL   | \$224,271                   | \$0               | \$0              | \$241,065                      | \$0               | \$0              |  |

# Other Compensation:

|  | FY 20                            | FY 2019 Actual Expenditures                          |   |                                  | FY 2020 Estimated Expenditures                       |  |  |  |
|--|----------------------------------|--|---|----------------------------------|--|--|--|--|
|  | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value of Compensation (not reflected in budget) | Institutional<br>Operating Funds | Private Funds<br>(e.g. Institutional<br>Foundations) | Estimated Value<br>of Compensation<br>(not reflected in<br>budget) |  |  |
| Housing  | \$13,308                         |  |   | \$13,308                         |  |  |  |  |
| Utilities  |                                  |  |   | \$2,149                          |  |  |  |  |
| Housing allowance (provided for private rent/lease/purchase) |                                  |  |   |                                  |  |  |  |  |
| Housekeeper  |                                  |  |   |                                  |  |  |  |  |
| Custodian, groundskeeper                                     |                                  |  |   |                                  |  |  |  |  |
| Insurance for personal property                              |                                  |  |   |                                  |  |  |  |  |
| Entertainment  |                                  |  |   |                                  |  |  |  |  |
| Automobile   | \$5,600                          |  |   | \$10,250                         |  |  |  |  |
| Automobile allowance (provided for private lease/purchase)   |                                  |  |   |                                  |  |  |  |  |
| Automobile repair/maintenance/mileage                        | \$1,938                          |  |   | \$2,043                          |  |  |  |  |
| Professional development                                     |                                  |  |   |                                  |  |  |  |  |
| Expense for spouse/family to attend meetings                 |                                  |  |   |                                  |  |  |  |  |
| Club/other memberships                                       |                                  |  |   |                                  |  |  |  |  |
| Other (please specify)                                       |                                  |  |   |                                  |  |  |  |  |
|  |                                  |  |   |                                  |  |  |  |  |
|  |                                  |  |   |                                  |  |  |  |  |
| TOTAL  | \$20,846                         | \$0  | \$0   | \$27,750                         | \$0  | \$0  |  |  |